

Case Number:	CM13-0041314		
Date Assigned:	03/26/2014	Date of Injury:	02/04/2009
Decision Date:	06/09/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female who reported dates of injury of 02/04/2009. The mechanism of injury was not provided. Per the 04/02/2014 clinical note, the injured worker reported low back and lower extremity pain. Physical exam findings included moderate bilateral paraspinous tenderness with 2+ palpable spasms. Lumbar spine range of motion was noted at 20 degrees of flexion, 5 degrees of extension, and 10 degrees of right and left lateral flexion. The injured worker demonstrated a positive straight leg raise on the right at 40 degrees. The injured worker's diagnoses included: low back pain with right lower extremity radiculopathy, status post lumbar decompressive surgery on 08/24/2009; evidence of moderate bilateral foraminal stenosis at L4-5 and L5-7 with bilateral facet degenerative changes and broad-based disc bulges; morbid obesity status post Lap-Band procedure 06/02/2011; and a large central disc extrusion at L1-2 with moderate central canal stenosis. The injured worker's medication regimen included Fentanyl patch 12mcg/hr, Hydrocodone/APAP 7.5/325 per 15ml, Gabapentin 300mg per 6ml, and Omeprazole 20mg. Treatment to date included 2 lumbar epidural steroid injections and 8 sessions of physical therapy. The request for authorization form for Hydrocodone/APAP, Gabapentin, and Fentanyl patch was submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIQUID HYDROCODONE/APAP 7.5/325MG 15ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request for liquid hydrocodone/APAP 7.5/325mg 15ml is not medically necessary. In regards to opioid management, the CA MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Per the 04/02/2014 clinical note, the injured worker reported her pain levels may increase to 8/10 with the use of medications and 10/10 without medications. Her pain level may reduce down to 4/10 depending on activity and position. She also reported up to 60% improvement in symptoms and function due to the medications. The medical records provided indicate an ongoing prescription for liquid hydrocodone/APAP 7.5/325mg per 15ml q.d. to b.i.d. PRN for breakthrough pain. The provider requested hydrocodone/APAP 2.5/108mg per 15ml in the treatment plan. The efficacy of the medication was unclear; it was unclear if the injured worker had significant functional improvement with the medication. There is lack of documentation concerning side effects or an adequate pain assessment. The rationale for why the injured worker required liquid medication was not provided. In addition, the submitted request does not specify a frequency or quantity. As such, the request is not medically necessary.

FENTANYL 12MCG/HR PATCHES #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal System,(Fentanyl Transdermal System Page(s): 44, 76-80.

Decision rationale: The request for fentanyl 12mcg/hr patches #10 is not medically necessary.. The CA MTUS guidelines do not recommend the use of a fentanyl transdermal system as a first-line therapy. Duragesic is indicated for patients who require continuous opioid analgesia for pain that cannot be managed by other means. In regards to opioid management, the CA MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Per the 04/02/2014 clinical note, the injured worker reported her pain levels may increase to 8/10 with the use of medications and 10/10 without medications. Her pain level may reduce down to 4/10 depending on activity and position. She also reported up to 60% improvement in symptoms and function due to the medications. The medical records provided indicate an ongoing prescription for fentanyl 12mcg/hr every 72 hours. In the treatment plan, the provider recommend fentanyl 12mcg/hr every 48 hours for baseline pain relief. There is a lack of documentation concerning

side effects or an adequate pain assessment. In addition, the submitted request does not specify the site of application or duration of use. The efficacy of the medication was unclear; it was unclear if the injured worker had significant functional improvement with the medication. As such, the request is not medically necessary..

LIQUID NEURONTIN 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS), Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for liquid neurontin 300mg is not medically necessary.. The CA MTUS state gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per the 04/02/2014 clinical note, the injured worker reported her pain levels may increase to 8/10 with the use of medications and 10/10 without medications. Her pain level may reduce down to 4/10 depending on activity and position. She also reported up to 60% improvement in symptoms and function due to the medications. The efficacy of the medication was unclear; it was unclear if the injured worker had significant functional improvement with the medication. The rationale for why the injured worker requires liquid medication was not provided. In addition, the submitted request does not provide frequency, quantity, or proper dosing for a liquid medication. As such, the request is not medically necessary.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms, & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20mg is not medically necessary.. The CA MTUS guidelines recommend proton pump inhibitors for patients with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The submitted request does not specify a frequency or quantity. The provider noted that the omeprazole was for GI symptoms caused by medications and as a GI protector status post Lap-Band procedure. The efficacy of the medication was unclear; it was unclear if the injured worker had significant functional improvement with the medication. There is no indication the injured worker was experiencing any gastrointestinal symptoms. In addition, the submitted request does not specify a frequency or quantity. As such, the request is not medically necessary.

TORADOL INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects, Page(s): 70-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Ketorolac (Toradol®).

Decision rationale: The request for toradol injections is not medically necessary.. The CA MTUS guidelines state toradol is not indicated for minor or chronic painful conditions. The Official Disability Guidelines note injection of Ketorolac is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The medical records provided indicate the injured worker has chronic low back pain. The rationale for the request was not provided. The submitted request does not specify a dose, quantity, or site of injection. As such, the request is not medically necessary.