MAXIMUS Federal Services

Case Number:	CM13-0046941		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2001
Decision Date:	05/16/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 patient is a 47-year-old female who reported an injury on 07/29/2001. The mechanism of injury information is not provided in the medical records. A review of the medical records reveals the patient's diagnoses include acute post laminectomy pain, low back pain, leg pain, and lumbar radiculopathy. The most recent clinical documentation dated 11/20/2013 reports the patient is status post L4-5 decompression and spinal fusion. The patient had recently complained of increasing right sacroiliac joint pain with minimum radiation to posterior thigh. The patient denied any tingling, numbness, or weakness with the pain. The patient's pain interferes with her walking. The patient had been compliant with her home stretching program, and performed her daily activities. Physical examination of the lumbar spine revealed 50% normal range of motion in extension and 70% in flexion. There was localized tenderness noted at the right sacroiliac joint and piriformis distribution. Straight leg raise test was negative bilaterally. Neurological examination of the bilateral upper and lower extremities revealed strength of 5/5, and deep tendon reflexes were 2+ throughout and are symmetrical. Sensory examination was performed without positive findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCHES 50MCG CHANGED EVERY 72 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESICÂ® (FENTANYL TRANSDERMAL SYSTEM), Page(s): 44.

Decision rationale: The documentation provided in the medical records does not provide any ongoing review and documentation of pain relief, activities of daily living, or decrease in the patient's pain with use of the medication. Per California MTUS Guidelines, Duragesic patches or fentanyl are indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is no documentation or indication in the medical records that the patient requires continuous opioid analgesia. As there is no documentation in the medical records to support the medical necessity for the requested service, the request for DURAGESIC PATCHES 50MCG CHANGED EVERY 72 HOURS is not medically necessary. However, while the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication Guidelines for safe discontinuation.

NORCO, 2 PILLS TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 80.

Decision rationale: California MTUS states that with the use of opioids for ongoing treatment of pain management there should be documentation and review of pain relief, functional status, appropriate medication use, and side effects to the requested medication. There should also be documented pain assessments provided in the medical records with satisfactory response to treatment that would be indicated by the patient's increase in level of function, improved quality of life, and a decreased pain level. As the recommended information requested per California MTUS Guidelines for the use of opioids for the treatment of ongoing pain management is not provided in the medical records, the medical necessity for the requested medication cannot be determined at this time. Therefore, the request for NORCO, 2 PILLS TWICE A DAY is not medically necessary. While the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication Guidelines for safe discontinuation.

ROBAXIN 750MG, 3 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

Decision rationale: Per California MTUS Guidelines, it is stated that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in a patient with chronic low back pain. However, in low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no documentation in the medical records of the patient having any muscle spasms, and the medication is recommended for short-term use. As there is no documentation in the medical records of the patient benefiting from the use of the requested medication with increased functional capabilities or a decrease in the patient's signs and symptoms and pain, the medical necessity for continued use cannot be determined at this time and the request for ROBAXIN 750MG, 3 TIMES A DAY is not medically necessary. While the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication Guidelines for safe discontinuation.