

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0054925 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/24/1997 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a [REDACTED] employee who filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 1997. Thus far, the applicant has been treated with the following: analgesic medications, including and long and short acting opioids; adjuvant medications, psychotropic medications, and transfer of care to and from various providers in various specialties. An earlier note of April 24, 2013 is notable for comments that the applicant has had prior spine surgery in 2011. The applicant also has knee problems. The applicant is status post total knee arthroplasty. The applicant has had numerous injections procedures. The applicant is described as presenting regarding "pain and disability" indicating that she is not presently working. A physical therapy progress note of December 7, 2012 is notable for comments that the applicant is unable to work secondary to persistent pain and associated dysfunction. The applicant was seemingly given a 6% whole person impairment rating associated with TMJ and sleep dysfunction on December 13, 2012, in addition to numerous medical impairment ratings. The applicant reports persistent 6/10 pain. She has had issues for a lengthy amount of time. Activity worsens her condition. She is having difficulty with lifting and standing activities. The applicant has apparently had to increase her medication consumption recently. It is speculated that she may be a candidate for further surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace or docusate 250 mg #60: Overturned

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, Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is indicated in those applicants who are using chronically. In this case, the applicant is using multiple opioids chronically. Adding Colace or docusate, a stool softener, to the same is indicated and appropriate. Therefore, the request is certified, on independent medical review.

Fentanyl patch 50mcg #15, apply 1 every 48 hours: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved pain, and/or reduced function affected as a result of ongoing opioid usage. In this case, however, the applicant has failed to return to work. The most recent progress note suggests heightened pain despite ongoing opioid therapy. There is no evidence of improved performance of activities of daily living affected as a result of ongoing opioid usage. Therefore, the request is not certified, on independent medical review.

Atarax 25mg, 1 by mouth three times a day, #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference, Hydroxyzine

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference, Hydroxyzine or Atarax is indicated in the treatment of anxiety, tension, psychoneurosis, pruritus, asthma, allergic conditions, and emesis. In this case, however, the documentation on file does not establish the presence of any of the aforementioned issues. In fact, in the review of systems section of the March 2013 progress note referenced above, the applicant is described as specifically denying any allergic symptoms. Therefore, the request for Atarax is not certified, on independent medical review.

Norco 10/325mg one by mouth four times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

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

Decision rationale: Again, as noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, these criteria have not seemingly been met. The applicant has seemingly failed to return to work. The applicant reports heightened pain as opposed to reduced pain despite ongoing opioid usage of ongoing opioid usage. There is no evidence that the applicant's ability to perform activities of daily living has been ameliorated as a result of ongoing Norco usage. Accordingly, the request is not certified, on independent medical review.

Tegaderm Dressing 4"x4 3/4" 4"s #50, apply on Fentanly Patch to hold on to skin UAD:
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): 80.

Decision rationale: The Tegaderm dressing was intended to hold the Fentanyl patches in place. However, the Fentanyl patches were denied above, in question #2. Since Fentanyl has been denied, the derivative Tegaderm patches were also denied, on independent medical review.

Trazodone 50mg 2 by mouth every night at bedtime #60 tablets: 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 Anti-Depressants for chronic pain Page(s): 13.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of antidepressants as a first-line option in the treatment of chronic pain, particularly neuropathic pain, as is reportedly present here, in this case, however, the applicant has used this particular drug chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work. The applicant still continues to report insomnia, despite ongoing trazodone usage. The applicant's pain complaints are seemingly heightened, again despite ongoing trazodone usage. Continued usage of trazodone does not appear to be appropriate or indicated, given the applicant's seeming failure to respond favorably to prior usage of trazodone. Accordingly, there request for trazodone is not certified, on independent medical review.

