

Case Number:	CM13-0058184		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2001
Decision Date:	03/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation 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:

This 64 year-old female sustained an injury from a slip and fall on a wet sidewalk on 12/17/01. Requests under consideration include Fentanyl 50 mcg/hr film, extended release #10 (apply 1 patch to skin every 3 days) and Oxcarbazepine tablets 150mg tablet #180, film coated (titrate to 3 tablets every twelve hours for neuropathic pain). A 9/26/13 report from the provider noted that the patient had persistent low back pain radiating to the left lower extremity. An exam showed lumbar spine tenderness. Conservative care has included medications, spinal cord stimulator with permanent placement, and lumbar surgery. Diagnoses include disorders of the sacrum; lumbar radiculopathy; facet syndrome; and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/hr film, extended release #10 (apply 1 patch to skin every 3 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14 and 16-21. Decision based on Non-MTUS Citation ODG (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Fentanyl pain patches are not recommended for patients with chronic non-malignant pain. Submitted reports have not demonstrated the indication for Fentanyl for this

chronic, non-malignant injury of 2001 without functional improvement from treatment already rendered. There is also no report of acute-flare or acute clinical change to support its continued use for this chronic injury with persistent pain. Therefore, the requested Fentanyl patches are not medically necessary or appropriate.

Oxcarbazepine 150mg #180, film coated (titrate to 3 tablets every twelve hours for neuropathic pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: Although the class of anti-epileptic medications has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, Oxcarbazepine is not considered as a first-line treatment for neuropathic pain. Submitted reports have not documented any failed first-line treatment nor have they adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for the persistent complaints for this chronic injury. Previous treatment with Oxcarbazepine has not resulted in any functional benefit and medical necessity has not been established. Therefore, the requested Oxcarbazepine tablets are not medically necessary or appropriate.