

Case Number:	CM13-0058332		
Date Assigned:	12/30/2013	Date of Injury:	02/08/1999
Decision Date:	08/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Rehabilitation, has a subspecialty in interventional spine 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 63-year-old female with date of injury of 02/08/1999. Per treating physician's report 10/01/2013, the patient presents with pain with radiation to bilateral shoulders, left upper extremity tingling, numbness into the fingers, weakness, but no bowel or bladder incontinence. The patient has low back pain that radiates along left lower extremity with weakness and falls. The patient had fractured left hip, left ankle, fibula, has bladder urgency over the last six months, constipation from pain killers. The patient has been diagnosed with cellulitis. The Pain Disability Index is noted at 8/10. The current list of medication are promethazine, Lidoderm 5% patch, ProAir, Singulair, Flonase, Flovent, pravastatin, Lasix, Norvasc, Lotensin, fentanyl patch 100 mcg every 72 hours, Celexa, oxycodone 15 mg tablets t.i.d., lactulose, trazodone 50 mg 3 times a day, orphenadrine 100 mg extended release 2 tablets a day. Listed assessments are: Lumbar disk with radiculitis, cervical disk radiculitis, cervical postlaminectomy syndrome, lumbar postlaminectomy syndrome. Treatment recommendation is for refill of the medications and interdisciplinary with medication optimization and physical rehabilitation. Another treating physician, [REDACTED] report from 09/03/2013 is reviewed. The patient's pain level is 7/10 to 8/10. Pain is aggravated by most activities, mildly alleviated by resting, impact of pain has been significant in her physical and emotional life, impairs her ability to perform household activities, office work, drive and walk around, play sports, also negative impact emotionally causing problems with concentration, depression, anxiety, mood, appetite, sleep, relationships. There is a long list of medications and with the same assessment. Recommendation was refill of medications and the patient should be addressed in interdisciplinary fashion including medication optimization and physical rehabilitation. Other reports provided the postdated utilization review letter of 11/13/2013. Total number of reports provided was only 71 pages. I

attempted reviewing 03/17/2014 report by [REDACTED]. Most of the present illness is faded out, and I am not able to make much out. However, there were multiple copies of this report, and it appears that [REDACTED] has documented the patient's location of pain and how the patient is doing with the patient complaining of left leg swelling over the past month. The patient did not want to do CBT as she did not feel that it would be helpful. She does state that she fell and broke her hip, broke her ribs, and was hospitalized for this. This report indicates, She notes that the medications are keeping her pain in check. Under interval history, She states her medications are helping her manage her ADLs. Without medication, she feels that she would be even less capable of self-care. She denies any side effects from the current medications. She has no desire to wean medications or go to CBT. She is having her attorney file for her, and we will file an IMR for the denial of essential medications for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: This patient presents with chronic neck and low back pain. The request was for oxycodone. Review of the multiple reports provided does not show adequate documentation of medication efficacy. The MTUS Guidelines have specific requirements for use of chronic opiates to manage chronic musculoskeletal pain. On page 78 requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, adverse drug-seeking behavior. It also requires pain assessment such as current pain, average pain, least amount of pain, and time it takes for medication to work, and the duration of pain relief with the use of medication. Review of the reports shows that there is only 1 report describing efficacy of this medication. This report is found on 03/20/2014 which postdates the current request and the utilization review date 11/13/2013. However, this report talks about how it helps the patient manage her ADLs and how the patient would be able to do less self-care. Unfortunately, the treating physicians do not provide specifics of ADLs, pain reduction from analgesia including before and after pain scales. There are no discussions regarding aberrant drug-seeking behavior, no reference to pain contract or CURES report or urine drug screening. Furthermore, there is no discussion regarding pain assessment. Based on reports of 10/01/2013, the patient's disability index is quite compromised, and one cannot tell whether or not these medications have done anything for her. Recommendation is for denial and still taper of this medication.

FENTANYL 100 MCG/HR PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; CRITERIA FOR USE OF OPIOIDS Page(s): 47, 88, 89.

Decision rationale: This patient presents with chronic neck and low back pain. The request was for fentanyl patches 100 mcg. Review of the multiple reports provided does not show adequate documentation of medication efficacy. The MTUS Guidelines have specific requirements for use of chronic opiates to manage chronic musculoskeletal pain. Page 78 requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, adverse drug-seeking behavior. It also requires pain assessment such as current pain, average pain, least amount of pain, and time it takes for medication to work, and the duration of pain relief with the use of medication. Review of the reports shows that there is only 1 report describing efficacy of this medication. This report is found on 03/20/2014 which postdates the current request and the utilization review date 11/13/2013. However, this report talks about how it helps the patient manage her ADLs and how the patient would be able to do less self-care. Unfortunately, the treating physicians do not provide specifics of ADLs, pain reduction from analgesia including before and after pain scales. There are no discussions regarding aberrant drug-seeking behavior, no reference to pain contract or CURES report or urine drug screening. Furthermore, there is no discussion regarding pain assessment. Based on reports of 10/01/2013, the patient's disability index is quite compromised, and one cannot tell whether or not these medications have done anything for her. The request is not medically necessary.

TRAZADONE 50 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, stress/mental chapter, for trazodone.

Decision rationale: This patient presents with chronic neck and low back pain. The request was for trazodone 50 mg. ODG Guidelines support the use of trazodone for chronic pain and insomnia if there is a concurrent depression. Review of the reports shows that this patient does have insomnia and component of depression. The request is medically necessary.

ORPHENADRINE 100 MG ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and low back pain. The request was for orphenadrine which is a muscle relaxant. This medication appears to be prescribed on a

chronic basis as each of the report includes this medication. The MTUS Guidelines do not support muscle relaxants on a long-term basis. It is only recommended for flareups, exacerbations, and no more than 2 to 3 weeks at most. Given that this medication is prescribed on a long-term basis, the request is not medically necessary.