

Case Number:	CM13-0059399		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2007
Decision Date:	04/02/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 49-year-old male who reported an injury on 04/21/2007. The mechanism of injury was noted to be the patient was a maintenance supervisor working on a stage and as the patient pulled a table, the table got stuck and the patient tripped on some cables on the floor, lost his balance, and fell backward striking his head and left shoulder against a nearby speaker and landing on a metal box on the floor. The patient was treated with medications, physical therapy, and an epidural steroid injection, as well as a percutaneous peripheral nerve stimulator that was placed on 10/23/2013. As of the documentation on 08/06/2012, the patient's medications included Norco and a fentanyl patch. The earliest documentation of Norflex was 08/22/2013. The office visit on 11/13/2013 was noted to be for followup and medication refills. The patient's medications were noted to be Norco #60, Norflex #90, Protonix 20 mg #30, and fentanyl patches. The patient's diagnoses were noted to include lumbar radiculopathy, lumbar facet arthropathy, and chronic pain syndrome. The plan included refill current medications as the patient was still getting benefit without adverse side effects, and the patient had benefitted from the initial percutaneous neurostimulation but did not complete his course and had a pain relapse. The physician was to submit for a full course/series of 3 percutaneous neurostimulation as that had worked in the past, status post physical therapy, TENS, and multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain and there should be documentation of an objective increase in function, objective decrease in VAS score, evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review failed to provide documentation of an objective increase in function and an objective decrease in the VAS score. The patient was being monitored for aberrant drug behavior and side effects per documentation. Given the above, the request for Norco 10/320 #60 is not medically necessary.

Decision for Fentanyl patch 25 mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44-78.

Decision rationale: California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient was noted to be on the medication since 08/02/2013. Clinical documentation submitted for review failed to include if the patient had an objective decrease in the VAS score, an objective increase in function. There was evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for fentanyl patch 25 mg #15 is not medically necessary.

Decision for Norflex 100 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for a short-term treatment for acute low back pain and usage should be less than 3 weeks. There should be documentation of objective functional improvement. The patient was on the medication since 08/02/2013. The physical examination revealed the patient had tenderness over the lumbar bilateral facets, L3-5, and a positive lumbar facet loading maneuvers and positive

straight leg raise. There was a lack of documentation indicating the patient had muscle spasms to support the necessity for muscle relaxants. There was lack of documentation of exceptional factors to warrant long-term use. There was lack of documentation indicating the patient had objective functional improvement. Given the above and the lack of documentation, the request for Norflex 100 mg #90 is not medically necessary.