MAXIMUS Federal Services

Case Number:	CM13-0062542		
Date Assigned:	12/30/2013	Date of Injury:	09/22/1993
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 inFamily Practice and is licensed to practice in Texas. 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 60 year old female who reported an injury on 09/23/1993. The mechanism of injury was not submitted. The patient was diagnosed with lumbar disc degeneration, low back pain, mood disorder, other and muscle spasms. The patient complained of low back pain with radiating pain to bilateral lower extremities. The patient rated her pain at 5/10. The patient reported no new problems or side effects. The patient reported poor sleeping habits. The patient reported her level of activity has decreased. The patient was taking her medication as prescribed. The patient reported the medications were working well. The patient was being treated with docusate sodium, Tegaderm dressing, zegerid 40 mg, senokot, oxycodone 15 mg, quinine sulfate, Celebrex, Durogesic, Zanaflex, Norco 10, Lasix, lisinopril, levothyroid, metformin, simvastatin, Lexapro, and Aleve. The patient had decreased range of motion that was restricted due to pain. The patient had trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on the right. The patient was recommended continuation of Norco 10/325 mg, oxycodone 15 mg, tegaderm dressing, Durogesic 75 mcg, quinine sulfate, and Zanaflex 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 98.

Decision rationale: CA MTUS states 4 domains has been purposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient complained of low back pain with bilateral lower extremity pain. However, the clinical documentation submitted for review does not show an increase in the patient's physical or psychosocial functioning. The patient stated her activity level had decreased and that her quality of life had remained unchanged. Given the lack of documentation to support guideline criteria, the request is non-certified.

Oxycodone 15mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 98.

Decision rationale: CA MTUS states 4 domains has been purposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient complained of low back pain with bilateral lower extremity pain. However, the clinical documentation submitted for review does not show an increase in the patient's physical or psychosocial functioning. The patient stated her activity level had decreased and that her quality of life had remained unchanged. Given the lack of documentation to support guideline criteria, the request is non-certified.

Tegaderm 4" x 4 3-4" dressing QTY 15 refills 5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.saveritemedical.com/categories/wound-care-supplies/tegaderm?gclid=CIzQqfHHzL0CFfFFMgodcxsAeQ.

Decision rationale: CA MTUS/ACOEM nor ODG address the request. Tegaderm dressing is a transparent dressing used for wound care. The patient complained of pain; however, the documentation submitted for review does not indicate that the patient has any wounds. Also, as

a corresponding request for Duragesic is not medically supported, the Tegaderm dressing is not needed. Given the lack of documentation to support guideline criteria, the request is non-certified.

Duragesic 75 Mcg/hr TD 72 #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management, DuragesicÂ® (fentanyl transdermal system) Page(s): 44, 98.

Decision rationale: CA MTUS states 4 domains has been purposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient complained of low back pain with bilateral lower extremity pain. However, the clinical documentation submitted for review does not show an increase in the patient's physical or psychosocial functioning. The patient stated her activity level had decreased and that her quality of life had remained unchanged. Given the lack of documentation to support guideline criteria, the request is non-certified.

Zanaflex 4 mg cap #30: Upheld

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

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The patient complained of low back pain with radiating pain to the bilateral lower extremities. However, the clinical documentation submitted for review does not indicate that the patient had any muscle spasms. Also, the documentation does not show evidence of how long the patient has been using Zanaflex. Given the lack of documentation to support guideline criteria, the request is non-certified.