MAXIMUS Federal Services

Case Number:	CM13-0064660		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2002
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 35-year-old male who reported an injury on 03/04/2002. The mechanism of injury information was not provided in the medical records. A review of the medical records revealed that the injured worker's diagnoses include lumbar discopathy with radiculopathy and status post instrumentation and fusion at the L4-5 and L5-S1 levels. It is noted that the injured worker had a provocative discogram at L3-4, L4-5 and L5-S1 on 10/20/2009 as well as a lumbar MRI and lumbosacral CT myelogram. However, the diagnostic imaging information was not specified in the medical record. The injured worker received a hardware injection on 08/10/2009 and on 12/15/2011. The injured worker also underwent a lumbar fusion at the L4-S1 on 04/28/2010, a lumbar laminectomy and subsequent posterior fusion with instrumentation at L4-5 and an anterior lumbar interbody fusion at L5-S1 in 05/2010. The most recent clinical documentation dated 12/19/2013 reported that the injured worker continued to have complaints of moderate to severe constant low back pain and bilateral lower extremity pain with radicular pain as well. It was noted that the injured worker had received authorization and was scheduled for an additional back surgery dated 01/20/2014. Objective findings revealed that the injured worker had a normal gait without the use of assistive devices. Examinations of the thoracic and cervical spines were unremarkable. Examination of the lumbar spine revealed well-healed lumbar incisional scars, consistent with a prior lumbar surgery. There was a flattening of the lordosis without scoliosis. There was noted moderate tenderness to palpation throughout the lumbar spine with paraspinous muscle spasms noted. Range of motion of the lumbar spine was diminished, with flexion at 15 degrees and extension at 5 degrees, and right and left lateral bending were at 10 degrees. The straight leg raise was positive bilaterally, greater on the left than on the right at 45 degrees in the seated position, reproducing low back pain and leg pain. Motor examination revealed a grade of 4/5 weakness of dorsiflexion and plantar flexion of the feet.

Deep tendon reflexes were 0 to 1+, and there were no pathological reflexes. Sensory examination revealed diminished pinprick appreciation over the posterolateral thigh and posterior calf bilaterally. Prior treatments included medication management, injection therapy, chiropractic treatment and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC ER 25 MCG PATCH #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80, 44 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal (DuragesicÂ®; Generic Available) Page(s): 78 and 93.

Decision rationale: Per the California MTUS Guidelines, it is stated that Duragesic patches, or Fentanyl transdermal systems, are not recommended as a first-line therapy. Duragesic is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There was no documentation in the medical records of pain that requires continuous around-the-clock opioid administration for an extended amount of time. There was no documentation in the medical records that the injured worker's pain cannot be managed by other means and that the injured worker has demonstrated opioid tolerance. As such, the medical necessity for the requested medication cannot be determined at this time, and the request for Duragesic ER 25 mcg patch #15 is not medically necessary.

NORCO 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-80.

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

Decision rationale: Per the California MTUS, it is stated that ongoing management with the use of opioids requires documentation and review of the injured worker's pain relief, functional status and appropriate medication use as well as side effects to said medications. There should also be a documented pain assessment provided in the medical records with satisfactory response to treatment. There was no documentation in the medical records of any significant relief of pain and increase in the injured worker's functional status with the use of the medication. It was also noted that information was not provided whether the prescriptions are from a single practitioner as recommended per the California MTUS Guidelines. As such, the criteria have not been met per the California MTUS Guidelines for the use of opioids, and the medical necessity for the requested medication cannot be determined at this time. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.