

Case Number:	CM13-0065058		
Date Assigned:	01/03/2014	Date of Injury:	01/31/1997
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 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 52 year old male with a date of injury of 1/31/1997. The listed diagnoses are: 1) Post-laminectomy syndrome, 2) Degenerative of lumbar disks, 3) Lumbar radiculitis/radiculopathy, 4) long-term use meds. According to report dated 11/08/2013, the patient presents for his monthly medication management. The patient reports no change in his chronic pain since his last visit and continues to receive approximately 85% pain relief with current treatment. Patient is noted to have chronic low back and leg pain that remains relatively tolerable with current medications. The patient continues to switch his Duragesic patches every 2 days along with Norco 10/325 at 4 tablets per day on most days for breakthrough pain. Patient denies any side effects with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESTIC PATCH 75 MCG #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

Decision rationale: This patient presents for his monthly medication management. The physician is requesting Duragesic patches. The MTUS Guidelines page 44 states regarding Fentanyl transdermal system "not recommended as a first line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system which releases Fentanyl, a potent opioid, slowly through the skin." In the reports provided for review from 01/14/2013 to 11/08/2013, the physician appears to document that the patient experiences about 85% pain reduction with medication and participates in home exercise program including walking his dogs daily. The patient is not noted to show any diversionary or aberrant behavior. While the physician provides some documentation, there is still lack of a "numeric scale" such as a before and after pain scale, or use of validated instrument to describe this patient's functional change due to chronic opiate use. There is still lack of any outcome measures as required by MTUS. Functional measures include significant changes in ADL's or improvements in work status. Recommendation is for denial and slow tapering of opiates per MTUS.

FLEXERIL 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents for his monthly medication management. The physician is requesting Flexeril. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." Medical records provided for review indicate that this patient has been taking Flexeril since 01/14/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Flexeril is not medically necessary and recommendation is for denial.

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60, 61.

Decision rationale: This patient presents for his monthly medication management. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In the reports provided for review from 01/14/2013 to 11/08/2013, the treater appears to documents that the patient experiences about 85% pain reduction with medication and participates in home exercise

program including walking his dogs daily. The patient is not noted to show any diversionary or aberrant behavior. While the treater provides some documentation, there is still lack of a "numeric scale" such as a before and after pain scale, or use of validated instrument. There is still lack of any outcome measures as required by MTUS. Simply stating the patient "walks his dog" as functional measure would be grossly inadequate. Functional measures include significant changes in ADL's or improvements in work status. Recommendation is for denial and slow tapering of opiates per MTUS.