

Case Number:	CM13-0069419		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2001
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 48-year-old female who reported an injury on 10/04/2001. The mechanism of injury was not provided in the medical records. The patient's diagnoses include lumbar radiculopathy and chronic myofascial strain. Her medications are noted to include Duragesic 25 mcg patches every 72 hours, Neurontin 600 mg 3 times a day, Norco 10/325 mg 4 pills daily, lansoprazole 15 mg twice a day, Lunesta 2 mg at bedtime as needed, and Zanaflex 2 mg 3 times a day. The patient had a left transforaminal epidural injection at the L4-5 and L5-S1 levels on 11/05/2013. It was noted at her 12/02/2013 visit that she reported a good response to the injections and stated that her pain was isolated to her left calf and sole of her foot. It was also noted that the medications help manage her pain and improve function. Her physical examination revealed tenderness to palpation in the lumbosacral spine, as well as normal motor strength in the bilateral lower extremities. Additionally, it was noted that the patient did not have issues of adverse events or aberrant drug taking behaviors. A recommendation was made for continued medications and repeat injections. At her 01/13/2014 office visit, it was noted that the patient had developed redness and itching of the skin at the site of her Duragesic patches; therefore, she would be switched to a different type of fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 25MCG #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system) Page(s): 44.

Decision rationale: According to the California MTUS Guidelines, Duragesic patches are not recommended as a first line therapy and are FDA approved for the management of chronic pain only in patients who require continuous opioid analgesia for pain that could not be managed by other means. The clinical information submitted for review failed to provide sufficient documentation regarding the patient's medication history, including previous medications tried and failed prior to use of Duragesic patches. Additionally, as her most recent clinical note provided indicated that the patient had a skin reaction with use of Duragesic patches and would be changed to a different type of patch, the request is not supported. As such, the request is non-certified.

DURAGESIC 25MCG #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system) Page(s): 44.

Decision rationale: According to the California MTUS Guidelines, Duragesic patches are not recommended as a first line therapy and are FDA approved for the management of chronic pain only in patients who require continuous opioid analgesia for pain that could not be managed by other means. The clinical information submitted for review failed to provide sufficient documentation regarding the patient's medication history, including previous medications tried and failed prior to use of Duragesic patches. Additionally, as her most recent clinical note provided indicated that the patient had a skin reaction with use of Duragesic patches and would be changed to a different type of patch, the request is not supported. As such, the request is non-certified.

A LEFT TRANSFORAMINAL EPIDURAL AT L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least 6 to 8 weeks following previous injection. The clinical information submitted for review indicated that

the patient had good response to her injections on 11/05/2013. However, the documentation did not indicate whether the patient had at least 50% pain relief and was able to reduce her medications for at least 6 to 8 weeks following the previous epidural steroid injections. In the absence of this documentation, repeat blocks are not supported. As such, the request is non-certified.