

Case Number:	CM14-0000113		
Date Assigned:	01/10/2014	Date of Injury:	01/23/1998
Decision Date:	09/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Pain Medicine, 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 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 67 year old male who was injured on 07/28/1997 with unknown mechanism of injury. Prior treatment history has included medications like Duragesic 75 (fentanyl patch) 75 mcg patch, hydrocodone 10/325 (Norco) 10/325 mg tablet, sennoside/Docusate 8.6 mg tablet, trazodone 100 mg (Desyrel) 100 mg tablet, naproxen 550 mg tablet, Effexor 37.5 mg(venlafaxine) 37.5, Colace 250 mg (Docusate sodium) 250 mg. Clinic note dated 11/15/2013 documented the patient to have complaints of pain with severity of about 6 out of 10, strong in the back with radiation into the lower extremity, numbness and weakness, predominantly on that left side, worse with standing and walking than sitting. Meds helped partially, but not greatly. No new injuries or constitutional symptoms are reported. Objective findings on exam included lumbar standing positive straight leg raising causes more low back pain, but there is radiation posterior laterally into the thigh and leg, and some pain symptoms. Lower extremities grossly normal without observable abnormality or asymmetry of temp, color, contour, or size. Urine drug testing report dated 07/30/2013 showed opiate positive, cannabinoid positive. The patient was diagnosed with lumbar strain or sprain; spondylolisthesis, grade 2 - acquired; lumbosacral radiculopathy; facet syndrome; low back pain; chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg #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 Opioids for Chronic Pain, Fentanyl Page(s): 80, 47.

Decision rationale: According to the CA MTUS guidelines, Duragesic (fentanyl transdermal system) is an opioid analgesic recommended for short-term pain relief, failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records document the patient had low back pain, the intensity 6 over 10 with radiation to the left lower extremity, the patient was complaint to this medication without any significant improvement, the document failed to report the duration of Duragesic patches, and any obvious functional improvement. Therefore the request is not medically necessary.

Norco 10/325mg #90: 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 Opioids, specific drug list Page(s): 80, 91.

Decision rationale: According to the CA MTUS guidelines, Norco Hydrocodone/Acetaminophen is a semi-synthetic opioid analgesic recommended for short-term pain relief, failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records document the patient had low back pain, the intensity 6 over 10 with radiation to the left lower extremity, the patient was complaint to this medication without any significant improvement, the document failed to report the duration of Norco, and any obvious functional improvement. Therefore the request is not medically necessary.