

Case Number:	CM14-0002311		
Date Assigned:	01/24/2014	Date of Injury:	10/20/2010
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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: Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 10/20/2010. The mechanism of injury was not provided for review. The injured worker had chronic low back pain radiating into the right lower extremity. The injured worker's pain was described as 10/10. The injured worker's medications included Fentanyl 50 mg per hour, Norco 10/325 mg, Gabapentin 300 mg, and Xanax 1 mg. Physical findings included decreased motor strength of the right lower extremity and limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included lumbar or lumbosacral disc degeneration. A request for authorization for acupuncture and continued medications was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 50MG PATCH, #10: 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, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Fentanyl 50 mg patch, #10 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing

use of opioids in the management of chronic pain be supported by documentation of functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief related to medication usage. Additionally, there is no documentation of functional benefit or that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl 50 mg patch, #10 is not medically necessary or appropriate.

GABAPENTIN 300MG, #60 WITH 3 REFILLS: 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/ANTI-EPILEPTICS Page(s): 60, 16.

Decision rationale: The requested Gabapentin 300 mg, #60 with 3 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants as first line medications for the management of chronic pain. The clinical documentation indicates that the injured worker has been taking this medication since 11/2012. The California Medical Treatment Utilization Schedule recommends medications used in the management of chronic pain is supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does not provide an adequate assessment of pain relief related to medication usage. Additionally, there is no documentation of functional benefit related to ongoing medication usage. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Gabapentin 300 mg, #60 with 3 refills is not medically necessary or appropriate.

NORCO 1-/325MG, #180 WITH 2 REFILLS: 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, ON-GOING MANAGEMENT Page(s): 16.

Decision rationale: The requested Norco 10-/325mg, #180 with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief related to medication usage. Additionally, there is no documentation of functional benefit or that the injured worker is

monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10-/325mg, #180 with 2 refills is not medically necessary or appropriate.

XANAX 1MG, #60 WITH 2 REFILLS: 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
BENZODIAZEPINES Page(s): 24.

Decision rationale: The requested Xanax 1 mg, #60 with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines due to a high risk of physiological and psychological dependence. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. This in combination with the request of 2 refills exceeds what would be reasonable as a short course of treatment. As such, the requested Xanax 1 mg, #60 with 2 refills is not medically necessary or appropriate.