MAXIMUS Federal Services

Case Number:	CM14-0103253		
Date Assigned:	07/30/2014	Date of Injury:	06/03/2011
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 40 year old male who reported injury on 06/03/2011 while pulling up a bucket of cinder blocks onto the roof when he experienced an onset of back and leg pain. The diagnoses included lumbar degenerative disc disease, lumbar discongenic pain syndrome and lumbar radiculitis. Past treatments included medications. Diagnostic test included an MRI in 06/2012 of the lumbar spine that revealed disc desiccation at L4-5 and L5-S1 with a large right paracentral disc extrusion at L5-S1 compromising greater than 50% of the canal. A drug screen on 06/06/2014 revealed he was positive for amphetamines and methamphetamines. There was no surgical history provided. On 07/30/2014 the injured worker complained of aching low back pain that radiates to his lower extremities; his pain was prolonged with sitting, standing, bending, stooping, squatting and lifting; his pain level was at 5-7/10 with pain medications and 9/10 without pain medications. The physical exam noted 5/5 bilateral lower extremity strength, his sensation was reduced in the right L4 dermatome, the Babinski's were piantar bilaterally, his sacroiliac joints were non tender as well as the Patrick's sign and Gaenslen's maneuver were negative; he had tenderness over L4-5 and L5-S1 lumbar paraspinals and positive bilateral straight leg raise. Medications included Norco 10/325mg, Duragesic 25mg, Naproxen 550mg, Neurontin 600mg and Omeprazole. The treatment plan, the rationale for the request and request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The injured worker has a history of lumbar degenerative disc disease, lumbar discongenic pain syndrome and lumbar radiculitis. The California MTUS guidelines state for opioid ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker complained of having aching low back pain with activity, which radiates to his lower extremities. The need for ongoing use of Norco cannot be established as there is a lack of clear evidence of sufficient documentation of functional improvement, medication compliance and a detailed pain assessment. Furthermore, the frequency was not provided in the request. Therefore the request is not supported. As such, the request for Norco 10/325mg, quantity 120 is not medically necessary.

Duragesic 25mg #10 Q3D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system)Opioids, criteria for use Page(s): 44, 78.

Decision rationale: The injured worker has a history of lumbar degenerative disc disease, lumbar discongenic pain syndrome and lumbar radiculitis. The California MTUS guidelines note Fentanyl patches are not recommended as a first-line therapy. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker complained of having aching low back pain with activity, which radiates to his lower extremities. A drug screen on 06/06/2014 revealed he was positive for amphetamines and methamphetamines, which was inconsistent with the injured worker's prescribed medication regimen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain.

Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Duragesic 25mg #10 Q3D is not medically necessary.