MAXIMUS Federal Services

Case Number:	CM14-0103878		
Date Assigned:	07/30/2014	Date of Injury:	04/14/2004
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and 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 injured worker is a 45-year-old female who reported an injury on 04/14/2004. The mechanism of injury was a fall. The diagnoses included status post lumbar fusion, chronic low back pain, lumbar degenerative disc disease, musculoligamentous tenderness of the thoracic spine with superimposed spondylosis, and chondromalacia of the left patella. The previous treatments included medication, home exercise, and an MRI. The medication regimen included Soma, Elavil, and fentanyl patch. Within the clinical note dated 02/04/2014, it was reported the injured worker complained of low back pain. She rated her pain 8/10 in severity. Upon the physical examination, the provider noted the lumbar spine had limited range of motion. A positive Lasegue was noted bilaterally along with a positive straight leg raise. There was decreased sensation noted bilaterally at L4-5 and L5-S1. The injured worker had tenderness to palpation over the third finger. The provider requested Norco, Soma, Elavil, and fentanyl patch. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain: Ongoing Review and Documentation of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg, #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Soma 350mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain: Short Term Use Of Muscle Relaxants F.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Soma 350mg, #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 02/2014, which exceeds the guideline recommendations for short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Elavil 25mg, #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13.

Decision rationale: The request for Elavil 25mg, #90 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Fentanyl patches 100mcg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Fentanyl patches 100mcg is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amicable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 02/2014, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.