

Case Number:	CM14-0104062		
Date Assigned:	07/30/2014	Date of Injury:	08/24/1999
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
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 Occupational 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:

Injured worker is a male with date of injury 8/24/1999. Per primary treating physician's progress report dated 5/14/2014, the injured worker reports that pain level has increased since last visit, and pain level has remained unchanged since last visit. There is documentation noting that his quality of sleep is poor. The exam proved that he does not show signs of intoxication or withdrawal. He has global antalgic gait, slowed gait, and wide based gait. The lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted with flexion limited to 60 degrees limited by pain and extension limited to 20 degrees limited by pain. There is documentation of tenderness over left sided SI joint. Fortin sign is positive. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on the left side. There was no documentation of spinal process tenderness noted. The patient cannot walk on his heel or his toes. Gaenslen's test was negative. Straight leg raise test was positive on the left in sitting at 90 degrees. Faber test was negative and the left foot has decreased dorsiflexion. Motor strength is reduced at left EHL, left ankle dorsi flexor, left knee extensor, left knee flexor, and left hip flexor. Diagnoses include; post lumbar laminectomy syndrome, disc disorder lumbar, chronic back pain and L3-4 4mm spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Increased from 4 to 5 times a day as needed, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids section, Weaning of Medications section, pages 74-95, 124. The Expert Reviewer's decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The total morphine equivalent dosing is 230, well in excess of the recommended ceiling of 120. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to treatment with increasing dosing. While this injured worker may require some opioid medications, medical necessity for increasing dosing is not established. The request for Norco 10/325mg Increased from 4 to 5 times a day as needed, #150 is determined to not be medically necessary. The request for Norco 10/325mg Increased from 4 to 5 times a day as needed, #150 is determined to not be medically necessary.

Duragesic Patch Increased from 62mcg/hr to 75mcg/hour, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (Fentanyl Transdermal System) Topical Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids section, Weaning of Medications section, pages 74-95, 124. The Expert Reviewer's decision rationale: On 5/14/2014, the injured worker had Duragesic patch decreased from 75 mcg/hr to 62 mcg/hr, and is now being increased back to 75 mcg/hr along with an increase in Norco dosing. The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The total morphine equivalent dosing is 230, well in excess of the recommended ceiling of 120. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to treatment with increasing dosing. While this injured worker may require some opioid medications, medical

necessity for increasing dosing is not established. The request for Duragesic Patch Increase from 62mcg/hr to 75mcg/hour, #10 is determined to not be medically necessary.