

Case Number:	CM14-0104502		
Date Assigned:	07/30/2014	Date of Injury:	11/22/2002
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
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 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 63-year-old female who reported an injury on 11/22/2002. The mechanism of injury was not documented in the submitted report. The injured worker has a diagnosis of chronic low back pain. Past medical treatment on the injured worker includes medication therapy. Medications include Clotrimazole 1%, Fluocinonide 0.05%, Duloxetine HCL 30 mg 1 capsule daily, Tegaderm film applied in patch every 2 to 3 days, furosemide 20 mg 1 tablet daily, Simvastatin 20 mg 1 tablet at bedtime, Terazosin HCL 2 mg 1 capsule at bedtime, Metoprolol Tartrate 50 mg 1 tablet 2 times a day, Fentanyl Patches 50 mcg every 72 hours, Benazepril HCL 40 mg 1 tablet 2 times a day, Colace 100 mg 1 capsule 2 times a day. A urine drug screen was submitted on 02/06/2014, revealing that the injured worker was in compliance with her prescription medications. The injured worker complained of chronic back pain. There were no measurable levels of pain documented in the submitted report. The physical examination dated 04/09/2014 revealed that the injured worker had some mild tenderness with limited range of motion on flexion. The submitted report lacked any other pertinent evidence of range of motion or motor strength on the injured worker. The injured worker's medical treatment plan is to continue the use of Fentanyl patches 50 mcg and Duloxetine HCL 30 mg. The rationale given by the provider is that the patches and the duloxetine are helping the injured worker deal with her pain and continue on with ADLs. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Analgesics. Decision based on Non-MTUS Citation Department of Industrial Relations Chapter 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) Page 44, ongoing management, page 78, opioid dosing, page 86 Page(s): 44;78;86.

Decision rationale: The request for Fentanyl 50mcg is not medically necessary. The injured worker complained of chronic back pain. There were no measurable levels of pain documented in the submitted report. The California MTUS guidelines indicate that Duragesic (Fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that 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. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The submitted report lacked evidence that the fentanyl was helping with any functional deficits the injured worker had. There were no side effects listed in the report. The evidence that was submitted in the report was vague and non-specific. The report did submit a drug screen dated 02/06/2014, showing that the injured worker was compliant with their prescription medications, but there was no documentation of any objective improvement in function. Furthermore, the request as submitted also failed to provide the frequency of the Fentanyl patches. As such, the request for Fentanyl patches 50 mcg is not medically necessary.

Duloxetine HCL 30mg #40 x 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Tricyclic antidepressants),(Duloxetine) Page(s): 13-15..

Decision rationale: The request for Duloxetine HCL 30mg #40 x 3 Refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The efficacy of the medication was not noted. There also lacked notations as to the side effects of the medication. The guidelines also stipulate that caution is required because tricyclic's have a low threshold for toxicity in tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to the cardiovascular and neurological effects. The submitted revealed that the injured worker had been taking Duloxetine since at least 11/07/2013, but

documentation did not include evidence as to the dosage or frequency. Given the above, the request for Duloxetine HCL 30 mg is not medically necessary.