

Case Number:	CM14-0108607		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2005
Decision Date:	09/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 07/01/2005. The injury reported was a repetitive stress injury. The diagnoses included anxiety/stress/depression, central pain syndrome, CRPS (Complex Regional Pain Syndrome) type 1, depressive disorder, epicondylitis, ligament sprain of the knee/hip, and lumbar radiculopathy. Previous treatment included medication. Within the clinical note dated 06/10/2014 it was reported the injured worker complained of increased pain. A physical examination was not provided for clinical review. The provider requested fentanyl, Lorzone for muscle spasms, and Norco. The Request for Authorization was submitted and dated on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44, 47.

Decision rationale: The California MTUS Guidelines note Duragesic (also known as Fentanyl) is not recommended as a first line therapy. Duragesic is the trade name for Fentanyl transdermal

therapeutic system which release Fentanyl, a potent opioid, slowly through the skin. The FDA approved product labeling states that Duragesic is indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. Additionally, the guidelines do not recommend the use of Fentanyl transdermal patch. Therefore, the request of Fentanyl 12mcg/hr. #15 is not medically necessary and appropriate.

Lorzone 375mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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

Decision rationale: 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 lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period time, since at least 01/2014, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. Therefore, the request of Lorzone 375mg #60 is not medically necessary and appropriate.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86.

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

Decision rationale: 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. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional improvement. Additionally, the injured worker has been utilizing the medication since at least 01/2014. The request submitted failed to provide the frequency of the medication. In addition, the use of a urine drug screen was not provided for clinical review. Therefore, the request of Norco 10/325mg #30 is not medically necessary and appropriate.