

Case Number:	CM14-0010471		
Date Assigned:	02/21/2014	Date of Injury:	10/15/2009
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 Texas. 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 60-year-old male who reported an injury on 11/29/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his lower leg and lumbar spine. The injured worker ultimately developed chronic pain that was managed with multiple medications to include Norco, gabapentin, and a Fentanyl patch. The injured worker was evaluated on 12/31/2013. Physical findings included spinal vertebral tenderness at the L4-S1 with lumbar myofascial tenderness noted on palpation, and decreased range of motion of the bilateral knees. The injured worker's diagnoses included lumbar radiculitis, cervical radiculitis, osteoarthritis, depression, opioid dependency, bilateral knee pain, and chronic pain. The injured worker's treatment plan included Norco 10/325 mg, gabapentin 300mg, Fentanyl patches 500mcg, and ibuprofen 800mg. It was noted that the injured worker was engaged in a pain contract and was regularly monitored with urine drug screens and Controlled Substance Utilization Review & Evaluation System (CURES) report. It is also noted that the injured worker had 9/10 pain with medications that was not reduced with medication usage. A request for a refill of medications was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 50 MCG/HOUR PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least three months. The California Medical Treatment Utilization Schedule (MTUS) recommends ongoing use of opioids in the management of chronic pain be supported a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, managed side effects, and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, the clinical documentation fails to identify any functional benefit related to the use of this medication. Additionally, the clinical documentation submitted for review indicates that the injured worker has 9/10 pain that is unaffected with medication usage. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl 50mcg per hour patch #10 is not medically necessary or appropriate.

NORCO 10/325 MG#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least three months. The California Medical Treatment Utilization Schedule (MTUS) recommends ongoing use of opioids in the management of chronic pain be supported a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, managed side effects, and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, the clinical documentation fails to identify any functional benefit related to the use of this medication. Additionally, the clinical documentation submitted for review indicates that the injured worker has 9/10 pain that is unaffected with medication usage. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg #120 is not medically necessary or appropriate.