

Case Number:	CM14-0017002		
Date Assigned:	03/07/2014	Date of Injury:	05/03/2001
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 claimant is a 57 year-old female who is reported to have sustained work related injuries on 05/03/2001. On this date it is reported that the claimant injured low back while moving a patient to a gurney. Records indicate the claimant later complained of cervical pain. On 08/27/12, the claimant underwent cervical medial branch blocks on the left at C4, C5, and C6. She is reported to have had benefit. The claimant was later diagnosed with a Failed Back Surgery Syndrome (FBSS). Records indicate the claimant received trigger point injections as well. Records indicate the claimant was referred for acupuncture, chiropractic and physical therapy without sustained benefit. The claimant was seen in follow-up on 02/19/14. At this time she reports continued back pain graded as 7-9/10 with medications. She reports a standing tolerance of 10 minutes. She reports significant loss of ADL's. On examination she is noted to have severe tenderness over the interscapular area and cervicothoracic musculature. The claimant is reported to have diffuse tenderness over the thoracolumbar spine, facets, and SIJ. There are reported dysesthesia over the right lateral arm and forearm, dysesthesia of the entire left upper extremity, hypoesthesia and dysesthesia of the lateral calves and feet. The claimant was continued on oral medications and referred for Occupational Therapy (OT).

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 50MCG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The claimant has chronically maintained on opiate medications secondary to subjective complaints of pain. The records provide no substantive or quantifiable data establishing the efficacy of this medication. The claimant reports pain levels of 7-9/10 despite medications. There are several references in the record regarding misuse. There is no indication that UDS is performed to assess compliance. Based on the information provided continued use of this medication would not be supported under CA MTUS. The request is not medically necessary and appropriate.

NORCO 10/325MG #150 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG TERM USERS OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The claimant has chronically maintained on opiate medications secondary to subjective complaints of pain. The records provide no substantive or quantifiable data establishing the efficacy of this medication. The claimant reports pain levels of 7-9/10 despite medications. There are several references in the record regarding misuse. There is no indication that UDS is performed to assess compliance. Based on the information provided continued use of this medication would not be supported under CA MTUS. The request is not medically necessary and appropriate.

BUPROPION XL 300MG #30 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The claimant appears to be chronically maintained on Bupropion. It is noted that the claimant has comorbid depression and neuropathic pain. The records provide no data regarding the efficacy of this medication. The records do not contain any serial assessments of the claimant's depression. There is no data to suggest that this medication has provided a reduction in neuropathic pain as her pain scores remain elevated. The request is not medically necessary and appropriate.

GABAPENTIN 300MG #240 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS) Page(s): 16-22.

Decision rationale: The claimant appears to be chronically maintained on Gabapentin. It is noted that the claimant has neuropathic pain. The records provide no data regarding the efficacy of this medication. There is no data to suggest that this medication has provided a reduction in neuropathic pain as her pain scores remain elevated. Based on the information provided, the request is not medically necessary and appropriate.

CLONAZEPAM 1MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The claimant has chronically been prescribed Clonazepam. Per CA MTUS this medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The records provide no substantive information to suggest extenuating circumstances exist to support a recommendation beyond 6 weeks. Based on the information provided, the request is not medically necessary and appropriate.