

Case Number:	CM14-0124629		
Date Assigned:	08/08/2014	Date of Injury:	03/24/2008
Decision Date:	09/12/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Ohio. 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 56-year-old male who reported an injury on 03/24/2008. The mechanism of injury was not provided. On 02/27/2014, the injured worker presented with low back pain radiating to the lower extremities and neck pain. Current medications included Duragesic patches, Norco, Relafen, Neurontin, Zanaflex, trazodone, and Colace. Upon examination, the injured worker was walking slowly with his walker without a limp, had trace reflexes of the patella, decreased strength in the bilateral lower extremities. The diagnoses were chronic neck pain, cervical myelopathy, history of vertebral fracture with cervical fusion at C5-6, chronic low back pain with right L2 and L5 radiculopathy and bilateral shoulder pain. The provider recommended Duragesic patches and Norco, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 50mcg #30 - DOS 6/19/14: Upheld

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

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

Decision rationale: The request for Duragesic patches 50 mcg with a quantity of 30, date of service 06/19/2014 is not medically necessary. The California MTUS do not recommend Duragesic patches as a first line therapy. It is FDA approved and indicated for management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. The medical documentation lacked evidence of prior therapies used and the efficacy of the prior treatments. Additionally, the provider does not indicate the site that the patches are indicated for or the frequency of the patches in the request as submitted. As such, the request is not medically necessary.

Norco 10/325mg #360 - DOS 6/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 360 date of service 06/19/2014 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of Norco has not been established. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.