

Case Number:	CM14-0132264		
Date Assigned:	08/25/2014	Date of Injury:	10/29/1990
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Florida. 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 patient is a 66 year old male who was injured on 10/29/1990. The diagnoses are lumbar radiculopathy, low back pain and complex regional pain syndrome. An X-Ray of the lumbar spine showed degenerative disc disease, spondylosis and facet arthropathy. On 7/24/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. The pain score was 7/10 on a scale of 0 to 10. There was associated stiffness, muscle spasm and numbness sensation. There were objective findings of antalgic gait, use of a Cane to ambulate and decreased sensation along the lower extremity dermatomes. The patient is doing a home exercise program. The UDS was noted to be consistent. A Utilization Review determination was rendered on 8/11/2014 recommending non certification for Duragesic patch 75mcg #15 4 refills, Tylenol #4 #90 4 refills, omeprazole 20mg # 4 #30 4 refills and gabapentin 600mg #90 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 75mcg, #15 refills x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 74-96, 124.

Decision rationale: The CA MTUS and the ODG guidelines recommend that fentanyl patch be utilized as a second line opioid for patients who have failed or cannot tolerate oral opioid medications. The records did not indicate that the patient failed first line oral opioid medications. The patient is also utilizing oral Tylenol #4 medication. There is limited documentation of compliance monitoring such as absence of aberrant behaviors and functional restoration. The criteria for the use of Duragesic patches 75mcg #15 4 refills was not met. Therefore the request is not medically necessary.

Tylenol #4 tabs, #90 refills x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG recommend that opioids can be used for maintenance treatment of chronic musculoskeletal pain when the patient have exhausted PT, surgical and non opioid medications options. The records indicate that the patient is utilizing opioids and non opioid medications. The dosage of gabapentin was optimized. The patient is doing a home exercise program. The UDS was noted to be consistent. There are no side effects documented. The criteria for the use of Tylenol #4 #90 4 refills was met. The guideline recommends frequent clinic visits for monitoring of patients on chronic opioid treatment. Therefore the request is medically necessary.

Omeprazole 20mg #30 refills x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68-71.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDS induced gastrointestinal complications. The records did not indicate that the patient was on chronic NSAIDS medications. There is no indicate of the presence of gastrointestinal disease such as GERD or peptic ulcer disease. The criteria for the use of omeprazole 20mg #30 4 refills was not met. Therefore the request is not medically necessary.

Gabapentin 600mg , #90 refills x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized as first line medications for the treatment of neuropathic pain. The records indicate that the patient was diagnosed with lumbar radiculopathy and complex regional pain syndrome. The patient reported significant pain relief and improvement in ADL with the use of medications. The criteria for the use of gabapentin 600mg #90 4 refills was met. The guideline recommends frequent clinic evaluation for patients on chronic pain medications. Therefore the request is medically necessary.