

Case Number:	CM14-0135321		
Date Assigned:	08/29/2014	Date of Injury:	04/13/1983
Decision Date:	09/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 64-year-old male with a date of injury of 04/13/1983. The listed diagnoses per [REDACTED] are: 1. Multilevel lumbago. 2. Status post failed back surgeries x2. 3. Status post spinal cord stimulator implantation. 4. Myofascial pain syndrome with myofascial headaches. 5. Reactive sleep disturbance. 6. Status post spinal cord stimulator revision. According to progress report 07/22/2014, the patient presents with chronic low back pain. The patient's current VAS score is noted as 5/10. The provider states that patient is on Duragesic patches and has been started on a very minimal dose of methadone at 10 mg 1 tablet daily. It was noted this combination seems to have stabilized the patient. Examination reveals tenderness over the sciatic notch bilaterally with positive facet provocation. The patient has decreased range of motion, and straight leg raise is positive bilaterally. The patient was administered a urine toxicology screen to monitor for diversion. The patient's medication regimen includes Duragesic patch 100 mcg 1 patch #15 for baseline pain, methadone 10 mg 1 tablet p.o. b.i.d. #60 for baseline pain, Sonata 10 mg 1 to 2 tablets for sleep #60. The provider states the patient's functional status has improved over the past month, and his pain scores have decreased into the low moderate range. Utilization review denied the request for refill of medication on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going opioid management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Duragesic patch 100 mcg #15. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Duragesic patches since 04/17/2014. Report 04/17/2014 states the patient remains on fentanyl patches for baseline pain, and continues to note "very good pain control." In this case, the provider indicates analgesia with utilizing this patch but does not discuss specific functional improvement. No aberrant behavior is discussed and no discussion regarding urine toxicology. Outcome measure as required by MTUS are not discussed either. Therefore, this request is not medically necessary.

Sonata 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG insomnia treatments.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Sonata 10 mg #60 for patient's sleep issues. The ACOEM and MTUS Guidelines do not discuss Sonata. ODG Guidelines have the following regarding insomnia treatments, "Zaleplon (Sonata) reduces sleep latency. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing efficacy for up to 5 weeks." ODG recommends short-term use of 7 to 10 days with effectiveness for up to 5 weeks. In this case, the provider has prescribed this medication since 04/17/2014. Therefore, this request is not medically necessary.