

Case Number:	CM14-0173360		
Date Assigned:	10/24/2014	Date of Injury:	05/09/1992
Decision Date:	12/08/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation 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 underlying date of injury in this case is 05/09/1992. The date of the utilization review under appeal is 10/06/2014. The patient's diagnosis is a lumbar post-laminectomy syndrome. The patient was seen in treating physician followup 09/09/2014. The patient reported ongoing pain in the low back which was 9/10 and severe and worse with standing, bending, and walking. The pain was improved with massage, lying down, and sitting. The patient was utilizing Norco and a fentanyl patch. On exam the patient had normal strength in the lower extremities with decreased sensation in the left L5 dermatome and with reduced reflexes symmetrically throughout the lower extremities. The treatment plan was to continue with the fentanyl patch as well as Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 1 TAB EVERY 4 HOURS AS NEEDED # 170 FOR BREAKTHROUGH PAIN DOS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, including the importance of documenting pain relief, functional status, appropriate medication use, and side effects. The medical records in this case do not document these 4 A's of opioid management. Additionally, I note that the same treatment guidelines, page 80, specifically discuss opioids for chronic pain and do not recommend opioids as likely efficacious for chronic lumbar pain. This is a notably chronic injury dating back to 1992. Neither the medical records nor the guidelines suggest probable benefit from ongoing opioid treatment. This request is not medically necessary.

FENTANYL PATCH 25 MCG, 1 PATCH EVERY THREE DAYS # 10 DOS 9/9/14:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, including the importance of documenting pain relief, functional status, appropriate medication use, and side effects. The medical records in this case do not document these 4 A's of opioid management. Additionally, I note that the same treatment guidelines, page 80, specifically discuss opioids for chronic pain and do not recommend opioids as likely efficacious for chronic lumbar pain. This is a notably chronic injury dating back to 1992. Neither the medical records nor the guidelines suggest probable benefit from ongoing opioid treatment. This request is not medically necessary.

CLONAZEPAM 1 MG, 1 EVERY 12 HOURS, # 60 DOS 9/9/14: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, page 24, states that benzodiazepines are not recommended for long-term use, given the risk of dependence, and notes that benzodiazepines are the treatment of choice in very few conditions. Particularly given the notably chronic nature of this patient's injury, dating back to 1992, the records and treatment guidelines would not support continued benzodiazepine use, such as a monthly prescription for clonazepam every 12 hours, as in this case. This request is not supported by the treatment guidelines. This request is not medically necessary.