

Case Number:	CM14-0179269		
Date Assigned:	11/03/2014	Date of Injury:	03/18/2013
Decision Date:	12/10/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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:

Patient is a 25-year-old male who has submitted a claim for lumbar sprain and strain, degeneration of intervertebral disk, brachial neuritis or radiculitis, fracture of facial bone, and hip contusion associated with an industrial injury date of 3/18/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of severe low back pain radiating to bilateral lower extremities, associated with numbness. The patient likewise complained of intense headaches spreading into the frontal region occurring two to 3 times per week. Headache was associated with photophobia, nausea and vomiting. Patient experienced neck pain aggravated by movement. Patient likewise had anxiety and depression. The pain was rated 10/10 in severity and relieved to 7 to 8/10 upon intake of medications. Patient was also able to perform activities of daily living with medication use. Urine toxicology screen from 3/12/2014 was consistent with prescription medications. Physical examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Examination of the cervical spine showed tenderness, restricted motion, and positive Spurling's sign on the right. Patient's mood and affect was mildly anxious. Treatment to date has included cortisone injection, cold modality, physical therapy and medications such as fentanyl patch (since February 2014), naproxen (since May 2014), Soma (since February 2014), Xanax (since May 2014), lorazepam in June 2014, Zoloft, and Dilaudid (since February 2014). Utilization review from 10/22/2014 denied the requests for Fentanyl Patch 126mcg every 72 hours, Naproxen 550mg twice a day as needed, and Soma 350mg 3 times a day as needed #90 because of no evidence of objective functional improvement; denied Xanax 1mg twice a day as needed because long-term use was not recommended; and denied Dilaudid 2mg 3 times a day as needed #30 for breakthrough pain because of no evidence of objective functional improvement from medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 126mcg, every 72 hours: 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 Duragesic; Opioids; Fentanyl (transdermal) Page(s): 44; 78; 93.

Decision rationale: On Page 44 of CA MTUS of the Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). , There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, patient was prescribed fentanyl patch since February 2014. Patient complained of severe low back pain radiating to bilateral lower extremities, associated with numbness. Pain was rated 10/10 in severity and relieved to 7 to 8/10 upon intake of medications. Patient was likewise able to perform activities of daily living with medication use. Urine toxicology screen from 3/12/2014 was consistent with prescription medications. Guideline criteria for continuing opioid management were met. However, the present request as submitted failed to specify quantity to be dispensed. The request was incomplete; therefore, the request for Fentanyl patch 126mcg every 72 hours was not medically necessary.

Naproxen 550mg twice a day as needed: 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 NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient was prescribed naproxen since May 2014. Patient complained of severe low back pain radiating to bilateral lower extremities, associated with numbness. Pain was rated 10/10 in severity and relieved to 7 to 8/10 upon intake of medications. Patient was likewise able to perform activities of daily living with medication use. However, long-term NSAID use was not recommended. Moreover, the present request as submitted failed to specify quantity to be dispensed. The request was incomplete; therefore, the request for Naproxen 550mg twice a day as needed was not medically necessary.

Soma 350mg, 3 times a day as needed, #90: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient was prescribed carisoprodol since February 2014. Pain was rated 10/10 in severity and relieved to 7 to 8/10 upon intake of medications. Patient was likewise able to perform activities of daily living with medication use. The most recent physical examination still showed evidence of muscle spasm. However, long-term use of muscle relaxant was not guideline recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Soma 350mg 3 times a day as needed #90 was not medically necessary.

Xanax 1mg twice a day as needed: 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: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient was prescribed Xanax since May 2014. Patient's mood and affect was mildly anxious based on the most recent report. However, Xanax was not recommended for long-term use as stated by the guidelines. There was no discussion concerning need for variance from the guidelines. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Xanax 1mg twice a day as needed was not medically necessary.

Dilaudid 2mg, 3 times a day as needed, #30 for breakthrough pain: Overturned

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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Dilaudid since February 2014. Patient complained of severe low back pain radiating to bilateral lower extremities, associated with numbness. Pain was rated 10/10 in severity and relieved to 7 to 8/10 upon intake of medications. Patient was likewise able to perform activities of daily living with medication use. Urine toxicology screen from 3/12/2014 was consistent with prescription medications. Guideline criteria for continuing opioid management were met. Therefore, the request for Dilaudid 2mg 3 times a day as needed #30 for breakthrough pain was medically necessary.