

Case Number:	CM14-0034039		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2000
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported an injury on 01/04/2000. The mechanism of injury was not provided for review. The injured worker's treatment history included an epidural steroid injection, multiple medications, physical therapy, lumbar spine surgery, a transcutaneous electrical nerve stimulation unit, acupuncture, and chiropractic care. The injured worker was evaluated on 01/23/2014. It was noted that the injured worker had 50% relief from the prior epidural steroid injection. It was noted that the injured worker had 4/10 pain of the lumbar spine. The physical findings included restricted range of motion secondary to pain. The injured worker's diagnoses included post laminectomy syndrome of the lumbar spine, cervical radiculitis, myospasm, lumbosacral neuritis, and lumbosacral disc degeneration. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 MCG HR: 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 Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule the ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief. The injured worker has pain rated at 4/10. However, a reduction in pain related to medication usage was not provided. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl 50 mcg per hour is not medically necessary.

Cymbalta 30 MG: 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 Medications for Chronic Pain and Anti-Depressants page(s) 60 and 13 Page(s): 60 AND 13.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by documentation of functional benefit, and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. However, there is no documentation of functional benefit or a quantitative assessment of pain relief to support continued use. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cymbalta 30 mg is not medically necessary.

Nucynta 75 MG: 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 Opioids, On-going Management page(s) 78 Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule on the ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief. The injured worker has pain rated at 4/10. However, a reduction in pain related to medication usage was not provided. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment.

In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Nucynta 75 mg is not medically necessary.

Celebrex 200 MG: 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 Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 60 and 67 Page(s): 60 AND 67.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by documentation of functional benefit, and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. However, there is no documentation of functional benefit or a quantitative assessment of pain relief to support continued use. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Celebrex 200 mg is not medically necessary.

Modafinil 200 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain chapter, Provigil.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines support the use of this medication for daytime sleepiness related to narcolepsy. It is not supported to control symptoms of opioid usage. The clinical documentation submitted for review does not provide adequate justification to support the use of this medication. It is noted that the injured worker has been on this medication since at least 12/2013. However, there is no documentation of functional improvement or symptom response to support extending treatment outside guideline recommendations. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Modafinil 200 mg is not medically necessary.