

Case Number:	CM14-0037901		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2007
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 Texas. 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 56 year old female who sustained an injury on 06/07/07. No specific mechanism of injury was noted. Prior treatment has included left knee arthroscopy completed in 2011. The injured worker has been followed for continuing complaints of both neck and low back pain as well as radicular symptoms. There has been a reported long-term use of narcotic medications. The clinical report from 01/15/14 noted continuing pain 6/10 on the visual analog scale (VAS) with a 7-8/10 pain on the average. With opioid medications, the injured worker did improve functional improvement by 20% in terms of sitting, standing and walking tolerance. Minimal lifting tolerance improvements were noted. The injured worker overall activities of daily living were improved by 10% with opioid medications. At this evaluation, the injured worker was utilizing Percocet 10/325 mg 3x daily, MS Contin 15mg 2x daily, and Fentanyl 100mcg per hour transdermal patch changed every 72 hours. Physical exam noted limited range of motion in the cervical and lumbar spine with tenderness to palpation. Spurling's sign was positive to the right and there was diminished sensation in a right C5 and C6 distribution. Follow up on 02/12/14 noted decreased pain with the use of narcotic medications with the injured worker pain score as low as 4/10 on the VAS. The injured worker reported that her pain was reduced by 50% with narcotic medications. There was limited improvement functionally with narcotic medications. Physical exam findings at this evaluation were relatively unchanged. The requested Fentanyl 100 mcg #10 and MS Contin 15mg ER #60 were both denied by utilization review on 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg, 1 every 72 hours, #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the requested Fentanyl 100 mcg per hour patch #10, this reviewer would not have recommended this medication as medically necessary for ongoing use. The clinical documentation provided for the admitted minimal functional improvement with the use of this medication. The injured worker reported approximately 10% total functional improvement in regards to activities of daily living with the use of Fentanyl. The injured worker pain scores were reduced by 15% per reports. Given the injured worker is taking a substantial amount of narcotic medications well above the 120mg Morphine Equivalent Dose level recommended by guidelines there would be an expectation for greater functional improvement. Given the lack of any significant functional improvement with the use of this narcotic medication and as the documentation did not include any recent compliance measures, this request is not medically necessary.

MS Contin 15mg Extended Release #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the requested MS Contin 15mg ER quantity 60, this reviewer would not have recommended this medication as medically necessary for ongoing use. The clinical documentation provided for the admitted minimal functional improvement with the use of this medication. The injured worker reported approximately 10% total functional improvement in regards to activities of daily living with the use of MS Contin. The injured worker pain scores were reduced by 15% per reports. Given the injured worker is taking a substantial amount of narcotic medications well above the 120mg Morphine Equivalent Dose level recommended by guidelines there would be an expectation for greater functional improvement. Given the lack of any significant functional improvement with the use of this narcotic medication and as the documentation did not include any recent compliance measures, this request is not medically necessary.