

Case Number:	CM14-0047392		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2010
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This is a 41-year-old male with a 3/2/10 date of injury. He was injured when he was picking up a wire caddy with an estimated 40-pound weight, when he felt a sharp shooting pain in his back that went down his left leg. According to a 6/5/14 progress note, the patient complained of low back pain that is a constant aching and throbbing in quality. He had pain that radiated down his bilateral extremities to his calves described as a severe burning, tingling sensation with associated numbness worse with the left foot. The patient stated that the pain was exacerbated by sitting, standing, and walking. He had some pain relief from his current pain medication regimen without any adverse side effects. He stated that he has had increased pain when eating during the last few weeks. Objective findings: tenderness on deep palpation of bilateral L3-S1 paravertebral muscles, decreased extension limited to less than 10-15 degrees and decreased flexion maneuver that is limited to less than 30 degrees, positive for muscle spasms, moderate tenderness over the bilateral anterior thigh, diminished sensation to the left lower extremity. Diagnostic impression: lumbar failed back syndrome, lumbar radiculopathy, lumbar facet joint disease. Treatment to date: medication management, activity modification, TENS unit, facet blocks. A UR decision dated 3/21/14 certified the requests for Hydrocodone/APAP 10/325 mg, Fentanyl 12.5 mcg/hr, and Fentanyl 25 mcg/hr for the purpose of weaning. Regarding Hydrocodone/APAP 10/325 mg, there is no objective evidence provided to support how the ongoing use of Norco has benefitted this patient's functionality or has substantially decreased the claimant's pain. Therefore, discontinuation is recommended. Regarding Fentanyl 12.5 mcg/hr and Fentanyl 25 mcg/hr, based on the review of the medical records, the patient's pain has remained unchanged and has increased approximately 1/10 while using these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone/Acetaminophen 10/325mg #90 was not medically necessary.

Fentanyl 12.5mcg/hr #10 (30 DS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of what other first-line opioid medications the patient has tried. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Fentanyl 12.5mcg/hr #10 (30 DS) was not medically necessary.

Fentanyl 25mcg/hr #15 (20 DS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of what other first-line opioid medications the patient has tried. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Fentanyl 25mcg/hr #15 (20 DS) was not medically necessary.