MAXIMUS Federal Services

Case Number:	CM14-0050513		
Date Assigned:	06/25/2014	Date of Injury:	08/26/2011
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 injured worker is a 26 year old female who reported an injury on 11/26/2011. The mechanism of the reported injury was that when she was in the restroom, she slowly bent down to touch her toes in an effort to stretch her back muscles. When she leaned down, she felt a release in her low back. She slowly stood up and experienced "excruciating" pain in her low back. On 05/22/2013, she reported her worst pain in the lower lumbar spine at the level of the iliac crest going into the presacral area, buttocks, posterior thighs, calves going into the dorsum of the feet in the mid-foot. She rated her low back pain as 8/10 and her leg pain as 9/10 bilaterally. She stated that the pain is intermittent, increases with activity and awakens her at night. She also reported occasional tingling and numbness in her toes and weakness in her lower extremities. She had received 24 physical therapy and 20 chiropractic treatments with no lasting benefits. No dates or modalities were identified. She was using a TENS unit with temporary benefit. On 12/03/2013 a lumbar spine MRI without contrast was performed which found central disc protrusions at L4-5 and L5-S1 resulting in mild to moderate central canal narrowing. On 12/04/2013, she reported having gone to the emergency room twice that week due to her increasing back pain. At that time, she was ambulating with a walker. Her diagnosis was lumbar degenerative disc disease L4-5 and L5-S1. In the progress note of 12/26/2013, the treatment plan stated that the patient needed emergent care the previous week due to increasing weakness and pain, necessitating immediate surgery. The exact date and nature of the surgery was not addressed. On 01/23/2014, her medications included Norco 10/325 mg, Soma 350 mg, and Fentanyl patches 25 mcg/hr. She was prescribed Senna 176 mg/ 5 ml syrup for medication-related constipation and it was noted the injured worker had discontinued her Gabapentin. A refill for Duragesic was recommended for pain. A request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Duragesic 25 mcg one every 72 hours #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78..

Decision rationale: The request for urgent Duragesic 25 mcg one every 72 hours # 10 is non-certified. CA MTUS attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work or if the patient has improved functioning and pain. There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy in unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Although the documentation indicated an opioid agreement was reviewed, the injured worker denied drug or substance abuse, had urine screen toxicology compliance, improvement in function by greater than 50%, no unmanaged side effects, no tolerance and no evidence of aberrant behavior, there is no documentation in the submitted chart to attest to measurable pain relief with a VAS score with and without medication and lack of urine drug screen reports to verify compliancy. For these reasons, this request for urgent Duragesic 25 mcg one every 72 hours # 10 is not medically necessary and appropriate.