

Case Number:	CM14-0085533		
Date Assigned:	07/23/2014	Date of Injury:	04/10/2010
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehab and 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 48-year-old male with a reported date of injury on April 10, 2010. The mechanism of injury was not reported. The injured worker's diagnoses included low back pain with left leg symptoms, a history of lumbar sprain/strain, reactive depression, wedge deformity fracture at T12, considered stable per recent x-rays, intermittent headaches, possibly related to neck injury, and bilateral hip pain. The injured worker's past treatments have included medications, rest, a cane for ambulation, psychological therapy, epidural steroid injection x2, TENS unit, pelvic belt, home exercise program, and joint injections. The injured worker's diagnostic testing included an undated MRI, which revealed L5-S1 disc herniation contacting the S1 nerve root and possibly the left nerve root as well. No pertinent surgical history was provided. The provided documentation indicated that Anaprox DS 550mg was initiated on January 09, 2013 and was to end on February 07, 2013. Anaprox DS 550mg was restarted on April 08, 2013 and was set to end on May 07, 2013. On a note dated July 17, 2014, the clinician indicates that the fentanyl was previously decreased from 75mcg to 25mcg, but the date of that decrease was not given. The injured worker rated his pain as 7/10 without his medications. The note went on to state that he rated his pain as 7/10 with his medications. The clinician observed and reported a focused cervical spine exam, noting tenderness, crepitus, and decreased range of motion. The left upper extremity examination revealed wrist tenderness, a positive Phalen's test, a positive Tinel's test, and decreased range of motion to the wrist. The left lower extremity focused examination revealed crepitus and joint line tenderness to the knee with decreased range of motion. The spine, rib, and pelvic focused examination revealed tenderness at the cervical spine and lumbar spine. Crepitus and decreased range of motion were also noted. The injured worker was evaluated on July 25, 2014, where he reported his pain as a 9/10, with the best being 5/10 with medications and 10/10 without medications. The injured worker reported using Norco up to 5 times per day.

The lower back examination revealed limited range of motion. The injured worker reported sensory loss in the left lateral calf and bottom of his foot. The clinician noted that the injured worker ambulated with a limp. Deep tendon reflexes were 1+ at the knees and ankles. Palpation revealed muscle rigidity with loss of lordotic curvature, suggesting muscle spasm in the lumbar trunk. The clinician's treatment plan was to refill the Norco 10/325 (1 tablet every 4 to 6 hours as needed for pain; try to limit 5 per day) and continue Cymbalta 60mg and Ambien 10mg. The injured worker's medications included those listed above. The requests were for Naprox DS 550mg #60, Fentanyl 75mcg/hr #10, and Tegaderm patches #20 with three refills. No rationale for these requires were provided. The Request for Authorization form was provided, but it was blank.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprox DS (550mg, twice per day, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

Decision rationale: The request for Naprox DS is not medically necessary. The injured worker continued to complain of back pain. The California MTUS Chronic Pain Guidelines recommend nonsteroidal anti-inflammatories for acute exacerbations of chronic back pain as a second line treatment after acetaminophen. The most recent available documentation for review indicates that the injured worker is no longer taking the Naprox DS 550mg. Therefore, the request is not medically necessary.

Fentanyl Patches (75mcg/hr, #10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

Decision rationale: The request for Fentanyl Patches is not medically necessary. The injured worker continued to complain of back pain. The California MTUS Chronic Pain Medical Treatment Guidelines state that fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe, requiring continuous around the clock opioid therapy. The pain cannot be managed by other means. The injured worker reported that the Norco he was using for pain decreased his pain by half. He reported 10/10 pain without his Norco and 5/10 pain with his Norco. The provided documentation indicated that his fentanyl patches were decreased from 75mcg per hour to 25mcg per hour prior to July 27, 2014. The total daily morphine equivalent dose with 5 Norco tablets per day and fentanyl 75mcg per hour patches

would be 230, which would exceed the recommended 120mg (or less) morphine equivalent daily dose. Based on the above inconsistencies, fentanyl 75mcg patches are not indicated at this time. Therefore, the request is not medically necessary.

Associated Request: Tegaderm Patches (#20 with 3-refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary request for Fentanyl Patches is not medically necessary, the associated request for Tegaderm Patches is also not medically necessary.