

Case Number:	CM14-0087362		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2002
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 59 year old male who was injured on 7/9/2002. The diagnoses are neck pain, cervical radiculopathy, lumbar radiculopathy, shoulder pain and low back pain. The past surgery history is significant for lumbar laminectomy and several bilateral elbows and left knee surgeries. The patient completed PT and 6 epidural steroid injections. The medications are Lyrica, morphine IR and Fentanyl patch for pain. Other medications are Valium, Imitrex and Ambien. The medications have been in use for unknown duration. A Utilization review determination was rendered on 6/2/2014 recommending non certification for Bio-behavioral Pain Management Biofeedback X6, Fentanyl patch 75mcg and Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral Pain Management Bio-feedback x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines - biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of Biofeedback techniques for chronic pain management. Biofeedback is not recommended as stand-alone treatment, but can be useful as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The record did not show that the patient is participating on any CBT or return to work program. The record did not show any significant psychosomatic disorders associated with the chronic pain. The criteria for the use of Bio-behavioral Pain Management Bio-feedback X6 were not met. The request is not medically necessary.

Fentanyl Patch 75mcg (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of Fentanyl patch in the treatment of chronic musculoskeletal pain. It is recommended that Fentanyl patch be beneficial as a second line opioid medication for patients who had developed tolerance or cannot tolerate standard oral opioid regimen. The records indicate that the patient is also utilizing immediate release oral morphine preparation. There is no documentation that the patient had developed tolerance or has failed oral opioid medications. The criteria for the use of Fentanyl patch 75mcg -unspecified quantity has not been met. The request is not medically necessary.

Ambien 10mg (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medscape 2009, and Physician Desk Reference (PDR) 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapters Pain, Mental Health and Stress.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of sedatives and hypnotics in the treatment of insomnia associated with chronic pain. It is recommended that the use of sedatives and hypnotics be limited to periods of less than 4 weeks to minimize the development of tolerance, dependency and addiction. The risk of adverse effects is significantly increased in patients who are utilizing opioids with other sedatives. The records indicate that the patient is utilizing Valium, Morphine IR, Lyrica, Fentanyl patch and the Ambien. The duration of use for the Ambien was not specified. The criterion for the use of Ambien 10mg was not met. The request is not medically necessary.