

Case Number:	CM14-0089303		
Date Assigned:	07/23/2014	Date of Injury:	03/27/1978
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on March 27, 1978. The mechanism of injury is not disclosed. The most recent progress note, dated may 16 2014 indicates that there are ongoing complaints of pain in the neck bilaterally, pain in the low back, pain in the right wrist, and numbness and tingling to the bilateral upper extremities. On physical examination. Facet tenderness is noted bilaterally with restricted and painful. Lumbar spine extension. A prior MRI of the cervical spine reportedly shows degenerative disc disease, uncovertebral and facet arthropathy, Previous treatment includes psychotherapy, acupuncture, massage, pharmacotherapy, a tens unit. An MRI of the lumbar spine has also previously been provided. An ultrasound therapies, activity modifications, and chiropractic care. An epidural steroid injection, and facet joint injections were radiofrequency ablation was also performed. Also provided. A request had been made for Norco 10/325#90, gabapentin 300 mg #180, and fentanyl patch 25 g, #15 and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: CA MTUS, ACOEM, and ODG guidelines all require that when pain requires management with chronic opioid therapy, ongoing review and documentation of objective pain relief and functional status, as well as appropriate medication use, and side effects of the medication be documented. This should be noted with objective measures of a decreased in pain, increase in function, or improved quality of life with multiple accepted means of documentation, as is laid out in the CA MTUS, ACOEM, and ODG guidelines. The medical record provided for review includes no objective documentation of significant functional benefit obtained, or decrease in pain with the use of the requested medication. Because of the absence of the documentation required of the provider, for long-term management of chronic pain for years of ongoing opioid therapy, the ongoing use of these medications at high risk for adverse events with chronic use, is not within the guideline recommendations. For this reason, the guidelines require that the request be modified preparation for weaning, rather than abruptly discontinued.. The medical record available supplies insufficient clinical documentation to support the guideline requirements for ongoing opioid management for chronic pain. In the absence of such information, this request is not medically necessary.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti - epilepsy.

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

Decision rationale: CA MTUS, ACOEM, and ODG guidelines all require that when pain requires management with chronic pharmacotherapy, ongoing review and documentation of objective pain relief and functional status, as well as appropriate medication use, and side effects of the medication be documented. This should be noted with objective measures of a decreased in pain, increase in function, or improved quality of life with multiple accepted means of documentation, as is laid out in the CA MTUS, ACOEM, and ODG guidelines. The medical record provided for review includes no objective documentation of significant functional benefit obtained, or decrease in pain with the use of the requested medication. When a medication should not be abruptly discontinued, yet evidence of chronic use is noted, the guidelines require that the request be modified preparation for weaning, rather than abruptly discontinued. The medical record available supplies insufficient clinical documentation to support the guideline requirements for ongoing management for chronic pain. In the absence of such information, this request is not medically necessary.

Fentanyl patch 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: CA MTUS, ACOEM, and ODG guidelines all require that when pain requires management with chronic opioid therapy, ongoing review and documentation of objective pain relief and functional status, as well as appropriate medication use, and side effects of the medication be documented. This should be noted with objective measures of a decreased in pain, increase in function, or improved quality of life with multiple accepted means of documentation, as is laid out in the CA MTUS, ACOEM, and ODG guidelines. The medical record provided for review includes no objective documentation of significant functional benefit obtained, or decrease in pain with the use of the requested medication. Because of the absence of the documentation required of the provider, for long-term management of chronic pain for years of ongoing opioid therapy, the ongoing use of these medications at high risk for adverse events with chronic use, is not within the guideline recommendations. For this reason, the guidelines require that the request be modified preparation for weaning, rather than abruptly discontinued.. The medical record available supplies insufficient clinical documentation to support the guideline requirements for ongoing opioid management for chronic pain. In the absence of such information, this request is not medically necessary.