

Case Number:	CM14-0091354		
Date Assigned:	07/25/2014	Date of Injury:	10/06/2000
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 58-year-old female was reportedly injured on October 6, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain. Pain was rated at 10/10 without medications and 8/10 with medications. Pain was further reduced to 6-7/10 with a combination of fentanyl patches and Percocet. Current medications include Cymbalta, ducosate sodium, MiraLAX, Topamax, oxycodone, fentanyl patches, and Duexis. The physical examination demonstrated ambulation with the assistance of a walker. There was decreased range of motion of the lumbar spine and paraspinous muscle tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery and a spinal cord stimulator implant a request had been made for an intrathecal pain pump, fentanyl patches, and DGL cream and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal (IT) Pump: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Implantable Drug Delivery System, Updated September 10, 2014.

Decision rationale: The records presented for review indicate that this 58-year-old female was reportedly injured on October 6, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain. Pain was rated at 10/10 without medications and 8/10 with medications. Pain was further reduced to 6-7/10 with a combination of fentanyl patches and Percocet. Current medications include Cymbalta, ducosate sodium, MiraLAX, Topamax, oxycodone, fentanyl patches, and Duexis. The physical examination demonstrated ambulation with the assistance of a walker. There was decreased range of motion of the lumbar spine and paraspinous muscle tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery and a spinal cord stimulator implant a request had been made for an intrathecal pain pump, fentanyl patches, and DGL cream and was not certified in the pre-authorization process on June 11, 2014.

DGL (deglycerized licorice) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chandika.com, website for DGL cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for DGL cream is not medically necessary.

Fentanyl patch 100 mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: The progress note dated July 15, 2014, states that the injured employee has objective pain relief from using fentanyl patches. However, the morphine equivalent dosage of fentanyl patches 100g is 240, which is twice the recommended daily dosage. Additionally the injured employee stated to have previously participated in a detoxification program. For these reasons, the request for fentanyl patches 100g is not medically necessary.