

Case Number:	CM14-0187390		
Date Assigned:	11/17/2014	Date of Injury:	03/27/1978
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Medicine 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 63-year-old male who reported an injury on 03/27/1978 when he fell from a log deck and landed on his back, causing severe arching of his back and hitting his head and neck, injuring the neck and back. The diagnoses included chronic pain syndrome, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, degeneration of the cervical intervertebral discs, degeneration of lumbar and lumbosacral intervertebral discs, obesity unspecified, essential hypertension benign, obstructive sleep apnea, adjustment disorder and mixed anxiety and depressed mood, and dietary surveillance and counseling. The diagnostic included an MRI of the cervical spine performed on 07/07/2011 that revealed moderate degenerative disc disease with facet arthropathy from the C3 all the way to the C7. There was mild cord compression at the C5-6 with moderate central canal stenosis and foraminal stenosis. No cervical myelopathy was noted. The medications included fentanyl, hydrocodone/acetaminophen, Saw Palmetto, gabapentin, vitamin E, Skelaxin, lidocaine patch, and aspirin. Prior treatments included injections, massage, chiropractic therapy, ongoing physical therapy, acupuncture, and medication. The objective findings dated 09/17/2014 of the cervical and thoracic spine revealed facet tenderness bilaterally and negative findings for radiculopathy symptoms. . Facet loading was negative bilaterally. Upper extremities joints were noted to have had weakness and tenderness. The injured worker has a history of stroke. The neurological examination revealed chronic muscle loss and decreased function to the left upper extremity and left lower extremity status post stroke 2004. He had a painful range of motion. The treatment plan included refills for his fentanyl patches and Norco, as well as a TENS unit. The patient rated his pain with the worst pain at 9/10 and least pain at 4/10. His usual pain was 5/10 to 6/10 using the VAS. The Request for Authorization dated 09/17/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg/hr/ fifteen count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Fentanyl patch 25 mcg/hr/ fifteen count is not medically necessary. The California MTUS Guidelines indicate that Duragesic/fentanyl is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of objective improvement in function and an objective decrease in pain, with evidence that the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dose of all opioids should not exceed 120 mg oral morphine equivalence per day. Additionally, fentanyl is not recommended as a first line therapy. Duragesic is a trademark of the fentanyl therapeutic system which release fentanyl, a potent opioid, slowly through the skin. The FDA approved product labeling states that Duragesic is indicated the management of chronic pain in patients who require continuous opioid analgesics for pain that cannot be managed by other means. The clinical notes indicated that the injured worker goes to physical therapy to assist with managing his pain. The guidelines indicate that the fentanyl should not be used as a first line therapy. Additionally, the request did not indicate the frequency. As such, the request is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

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

Decision rationale: The request for Norco 10/325 mg, sixty count is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation indicated that the injured worker is taking physical therapy that assists with his pain. However, the physical therapy was not submitted with documentation. The request did not indicate a frequency. As such, the request is not medically necessary.

