

Case Number:	CM14-0194635		
Date Assigned:	12/02/2014	Date of Injury:	10/05/2008
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 10/05/2008. According to progress report dated 10/22/2014, the patient present with chronic low back pain and right foot pain. The patient report that medications continue to help reduce his pain and allow for better function. However, he has some gradual worsening of his low back pain. Chiropractic treatment and acupuncture have been helpful to reduce pain and allow for better function in the past. MRI of the lumbar spine from 11/15/2013 revealed 2- to 3-mm disk osteophyte complex with mild to moderate central canal narrowing at the L3-L4 and L4-L5 levels. EMG of the bilateral lower extremity from 08/09/2011 noted right-sided focal neuropathy of axonal injury involving the lateral dorsal cutaneous branch of the sensory nerve. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral juncture. Range of motion of the lumbar spine is decreased by 20% with flexion, 20% with extension, and 10% with rotation bilaterally. Sensation was decreased to light touch along the right lateral calf compared to the left lower extremity. Motor strength is decreased with right leg extension and right hip extension. The patient's current medications include fentanyl patch, ketamine 5 cream, Ambien 5 mg, Relafen 500 mg, Wellbutrin 75 mg, docusate sodium 100 mg, gabapentin 600 mg, and multivitamins. The listed diagnoses are: 1. Chronic pain NEC. 2. Congenital pes planus. 3. Unspecified major depression, single episode. 4. Unspecified major depression, recurrent episode. 5. Anxiety state not otherwise specified. Treatment plan is for refill of medications. The utilization review denied the request on 11/07/2014. Treatment reports from 07/03/2014 through 10/22/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12 mcg/hr patch SIG apply 1 patch to skin every 72 hours qty: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with chronic low back pain and right foot pain. The current request is for fentanyl 12 mcg/hr patch sig apply 1 patch to skin every 72 hours, quantity 10. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing these patches since at least 06/24/2014. The progress report from 10/22/2014 notes that, "Medications does help his pain and function. Medications have been refilled. He has been stable on this dose of medication." The patient is permanent and stationary with permanent disability. In this case, further use of fentanyl patches cannot be supported as the treating physician has not provided any discussion regarding specific functional improvement or changes in ADLs with utilizing these medications. There are no before and after scales to denote a decrease in pain. Urine drug toxicology was provided on 07/03/2014 which was consistent with the medications prescribed, but there are no further discussions regarding possible aberrant behaviors. The treating physician has not provided adequate documentation addressing the 4A's as required by MTUS for opiate management. The requested fentanyl patch is not medically necessary and the patient should be slowly weaned per MTUS.

Ambien 5mg tablet SIG: take 1 at bedtime #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: This patient presents with chronic low back pain and right foot pain. The request is for Ambien 5 mg tablets sig take 1 at bedtime #30 with 3 refills. The MTUS and ACOEM Guidelines do not address Zolpidem (Ambien); however, ODG Guidelines states the Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep, 7 to 10 days. Review of the medical file indicates the patient has been utilizing this medication since at least 06/24/2014. Based on ODG Guidelines, this medication is only recommended for short-term use for the treatment of insomnia. The requested Ambien is not medically necessary.

