

Case Number:	CM14-0197478		
Date Assigned:	12/05/2014	Date of Injury:	11/12/1999
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 52 year old male patient who sustained a work related injury on 11/12/99. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbar degenerative disk disease multiple levels, and bilateral lumbar radiculopathy with extension to bilateral buttock area and posterior thighs. Per the doctor's note dated 9/25/14, patient has complaints of low back pain at 6/10. Physical examination revealed moderate tenderness of the lumbar paravertebral muscles, limited range of motion, and positive straight leg raise. The current medication lists include Percocet, Valium, and ibuprofen. The patient has had positive disco gram at L4- L5 and MRI evidence of multiple level of degenerative disk disease. The most recent MRI that was done on this patient was on August 2010 that revealed that L4 - L5 desiccation, spurring and narrowing accompanied by an annular tear and a right paracentral slight sub articular disc protrusions extending toward, but not displacing the right L5 nerve root with mild facet hypertrophic change. He had received lumbar epidural steroid injection at the L5 -S1 region. The patient has undergone lumbar radio frequency ablation of bilateral L3, L4, and L5 medial branch nerves, which had afforded him good pain relief with his low back pain initially. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg #10 DOS: 9/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

Decision rationale: According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic is "not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. ..Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Any recent urine drug screen to assess for the use or the presence of illegal drugs was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl Patch 25mcg #10 DOS: 9/25/14 is not established for this patient. Therefore the request is not medically necessary. The medical necessity of Fentanyl Patch 25mcg #10 DOS: 9/25/14 is not established for this patient.

Valium 5mg #45 DOS: 09/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy

is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Valium 5mg #45 DOS: 09/25/14 is not fully established in this patient. Therefore the request is not medically necessary.

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; CRITERIA FOR USE OF OPIOIDS; Therapeutic Trial of Opioids Page(s):.

Decision rationale: Percocet is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and functions continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Any recent urine drug screen to assess for the use or the presence of illegal drugs was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids

analgesic. The medical necessity of Percocet is not established for this patient. Therefore the request is not medically necessary. cal necessity of Percocet is not established for this patient.