

Case Number:	CM14-0202516		
Date Assigned:	12/15/2014	Date of Injury:	07/31/2000
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 63 year old female who sustained a work related injury on July 31, 2000. Mechanism of injury was not noted. The injured worker underwent an anterior and posterior cervical discectomy and C4-7 fusion. No date was indicated. The physician report dated July 24, 2014 indicates the patient has worsening neck pain, muscle cramps, pain shooting down her left shoulder blade and weakness in her left arm and hand. On evaluation her neck range of motion remains limited with right to left rotation 30 degrees, flexion and extension 10 degrees and cervical compression induces pain that radiates to the left shoulder blade. Palpation reveals muscle spasm across the left cervical paraspinal and trapezius muscles. Motor, sensory and deep tendon reflex are grossly intact in the upper extremities Electromyography and nerve conduction study (NCV) (no date noted) were within normal limits. A recent computed tomography of the cervical spine (no date noted) demonstrated stable fusion with some bony neuroforaminal narrowing at C3-4. The patient has been unable to tolerate activities of daily living or function without the use of pain medication. She continues on Duragesic patch 50mcg every 3 days, Norco up to 5 per day, Maxalt for headaches related to neck tension, and Robaxin for spasms. The injured worker is on Social Security Disability and is not working. The treating physician has requested authorization for prescriptions of Duragesic Patch 50mcg #10 and Ambien 10mg #30. On November 4, 2014 the Utilization Review denied certification for Duragesic Patch 50mcg #10 and Ambien 10mg #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines and the Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: Duragesic and Durogesic are trade names of Fentanyl transdermal patches, used for relief of moderate to severe pain. The patches release Fentanyl, a potent opioid, slowly through the skin. One patch may provide 72 hours of pain relief. Initial onset of effectiveness after a patch has been applied is typically 8-12 hours under normal conditions; thus, Duragesic patches are often prescribed with another opioid (such as morphine sulfate) to handle breakthrough pain. Per California MTUS Guidelines, long-acting opioids such as Duragesic are seen as an effective method in controlling chronic pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for Duragesic has not been established. The requested treatment is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

Decision rationale: Ambien is a short-acting non-benzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with regular use more than opioids, as well as Ambien may be habit forming. There are no subjective findings of insomnia noted in the provided documentation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

