

Case Number:	CM14-0202937		
Date Assigned:	12/15/2014	Date of Injury:	05/23/1991
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 59 year old female who sustained a work related injury May 23, 1991. Past history includes s/p L4-5 fusion. According to a primary treating physician's progress report dated November 6, 2014, the injured worker presented with complaints of lower back pain which is unchanged from previous visit. She is taking her medications but also complains the quality of sleep is poor and mood is diminished. She states that medications are working well with no side effects. She has previously tried Vicodin and Percocet. She admits to being prescribed opiates from another physician. On physical examination, the gait is noted to be stooped, slowed with a wide base and assisted by a cane. The lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion is restricted with flexion limited to 40 degrees, extension limited to 10 degrees with pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides and she is unable to walk on heel or toes. Lumbar facet loading is positive on both sides. Straight leg raising test and Babinski sign are negative. Ankle jerk is on both sides, and patellar jerk is on the right side and 2/4 on the left side. There is a 2 cm x 2 cm abrasion with erythema of the right elbow joint without limitation in flexion, extension, pronation, or supination. Tenderness to palpation is noted over olecranon process. There is a 3 cm x 3cm abrasion of the right knee joint without swelling, drainage or limitation noted in flexion, extension, internal or external rotation and tenderness noted to palpation over the patella. Motor testing is limited by pain; ankle dorsi flexor's 5/5 right and 4/5 left, ankle plantar flexor's 5/5 right and 4/5 left, knee extensor's, flexor's 5/5 both sides and hip flexor's 5/5 both sides. Light touch is decreased over lateral foot on both sides and sensation to pin prick is decreased over the lateral foot both sides. There is no lab toxicology or x-ray report present in case file. Diagnoses are documented as; spasm of muscle, mood disorder, spinal lumbar degenerative disc disease, low back pain, and post lumbar

laminectomy syndrome. Treatment included continued medications including Quinine, Duragesic patch and Norco, referral for functional restoration program, request for psychologist evaluation, and instruction and discussion on the use and regulations surrounding the prescription of opioids. Works status is documented as permanent and stationary (currently not working). The note states that the patient deferred surgical evaluation. Additionally, a trial of acupuncture is recommended. Previous CURES reports show multiple medications being prescribed by multiple other physicians. According to utilization review performed November 24, 2014, Cymbalta 30mg #30, Lyrica 100mg #90, Quinine Sulfate 324mg #30 are certified. Citing MTUS guidelines Duragesic (Fentanyl Transdermal system) is not recommended as first-line therapy. Prior utilization dated 2/10/2014 indicates that Duragesic was certified with a warning that on subsequent review, specific documentation of efficacy should be provided with time allotted for weaning. Considering the provider has not fully complied with MTUS guidelines Duragesic Patch 75mcg #15 is non-certified. A request for a psychologist (specified), for evaluation of possible Functional Restoration Program; the injured worker reports persistent pain symptoms, psychological symptoms, functional limitations, and deficits with positive findings on examination despite prior treatments and no improvement in condition. The medical necessity for a functional restoration program evaluation has been established however, citing MTUS guidelines do not support a specific type of provider or specific provider name. Therefore, partial certification of functional restoration program evaluation is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg #15: Upheld

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

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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). In addition, it appears that there have been numerous opiate violations with the patient obtaining prescription short-acting opiates from various physicians. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl), is not medically necessary.

Referral To Dr. Rome, Psychologist For Evaluation For Possible Functional Restoration Program: Upheld

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

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): 30-34 and 49.

Decision rationale: Regarding the request for a functional restoration evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. In fact, it appears the patient deferred surgical evaluation and is attempting an acupuncture trial. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested functional restoration evaluation is not medically necessary.