MAXIMUS Federal Services

Case Number:	CM15-0000655		
Date Assigned:	01/12/2015	Date of Injury:	03/04/2011
Decision Date:	03/12/2015	UR Denial Date:	12/28/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 28 year old female, who sustained an industrial injury of 03/04/2011. She has reported sprain and strain of lumbosacral spine area. The diagnoses have included chronic lumbar spine strain and sprain, lumbar spine myofasciitis, history of left lower extremity radiculitis. The 2014 MRI of the lumbar spine and EMG/NCS studies did not show any significant findings. Treatment to date has included oral Norco for breakthrough pain, Lyrica for radiculopathy type symptoms and Fentanyl patches 75 mcg/hr every three days.Currently, the IW complains of lower back pain. On examination of 12/15/2014 the patient was noted to be agitated and depressed. The patient had a forward leaning posture, paresthesia at bilateral L4, bilateral L5, bilateral S1, and decreased two point discrimination bilateral L4, bilateral L5, bilateral S1. Reflexes were normal, lower extremity motor strength and reflexes were normal. There was tenderness over the lumbar spine and flank with myofascial tenderness noted in the right paraspinal region of the lumbar-sacral spine. Positive trigger point tenderness was noted without swelling, but with spasm in the surrounding tissue. The IW described her pain as severe, burning, accumulating with activity and shooting pain on movement . The IW complained of pain in the buttocks on the affected side and refers to the hip on the effected side.The plan on 12/15/2014 was to reduce Fentanyl to 25 mcg/hr applied every 3 days, Norco 10/325mg PRN breakthrough pain #120 tabs, Lyrica 50 mg , one tablet twice daily, and start physical therapy in the next week for gait training. Activity modifications were given. Medical treatments requested were Fentanyl patch 50 mcg/hr apply every three days for #10 applications, Norco 10/325 mg daily every 4-6 hours for breakthrough pain times #120, and Lyrica 50 mg , 1 tablet

twice daily routinely #60. On 12/28/2014 Utilization Review non-certified Fentanyl patch 50mcg/hr x2 noting the Non- MTUS, Official Disability Guidelines were cited. On 12/28/2014 Utilization Review non-certified Norco 10/325mg #120 noting the California Medical Treatment Utilization Schedule (CA MTUS) Guidelines, was cited. A prescription for Lyrica 50 mg #60 was certified. On 01/02/2015, the injured worker submitted an application for IMR for review for Fentanyl Patch 50 mcg/hr x2, and Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 5mcg/hr x2: 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: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with sedative medications.The records indicate that the patient had been on chronic high dose opioid medications for prolonged periods. There is lack of objective, radiological and EMG/NCV findings to support the presence of severe musculoskeletal pain. The patient was noted to have significant poorly controlled psychosomatic symptoms. There is no documentation of the guidelines required compliance monitoring including serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Fentanyl 50mcg/hr X2 was not met. The guidelines required that patients on high dose opioids with significant psychosomatic symptoms be referred to Pain Programs or Addiction Centers for safe weaning.

Norco 10/325mg #120: 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: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with sedative medications.The records indicate that the patient had been on chronic high dose opioid medications for prolonged periods. There is lack of objective, radiological and EMG/NCV findings to support the presence of severe musculoskeletal pain. The

patient was noted to have significant poorly controlled psychosomatic symptoms. There is no documentation of the guidelines required compliance monitoring including serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #120 was not met. The guidelines required that patients on high dose opioids with significant psychosomatic symptoms be referred to Pain Programs or Addiction Centers for safe weaning.