MAXIMUS Federal Services

Case Number:	CM15-0003832		
Date Assigned:	01/14/2015	Date of Injury:	12/30/2002
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 86 year old female suffered an industrial injury on 12/30/02 with subsequent ongoing low back pain with radiation and weakness to bilateral lower extremities. Magnetic resonance imaging of the lumbar spine (3/15/12) showed mild to moderate diffuse thoracic spondylosis and pronounced discogenic degenerative changes. Magnetic resonance imaging of the lumbar spine (3/15/12) showed post surgical changes from prior laminectomies at L4 and L5-S1 and moderate latency of diffuse underlying degenerative and spondylotic changes. In a pain management progress note dated 12/11/14, the injured worker reported a steady pain level of 7/10 on the visual analog scale. The injured worker reported a steady level of functionality with medications that allowed her to complete activities of daily living. Physical exam was noted to be unchanged from previous exams with tenderness to palpation in the low back, over the coccyx, bilateral sacroiliac joints and sciatic notches. The treatment plan included refilling prescriptions for Duragesic patch 50mcg/hour, 1 patch topically every 72 hours and Norco 10/325mg 1 tab every eight hours as needed for breakthrough pain. The physician noted that the injured worker showed over 50% improvement in pain and functionality when her medication was available on a regular basis. On 12/29/14, Utilization Review modified a request for 1 prescription of Norco10/325mg #90 with 2 refills to Norco10/325mg #90 with 0 refills and 1 prescription for Duragesic 50mcg/hr #10 with 2 refills to Duragesic 50mcg/hr #10 with 0 refills citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient suffers from chronic lower back pain with radiation into the lower extremities bilaterally. The current request is for Norco 10/325mg #90 with 2 refills. Records from the treating physician indicate the patient reports 50% reduction in pain when taking this medication and reports a 60-70% increase in her level of functioning. She is able to go to church, shop, visit friends and family. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is provided. There is no evidence of adverse side effects. As such, recommendation is for approval.

Duragesic 50mcg/hr #10 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 74-96.

Decision rationale: The patient suffers from chronic lower back pain with radiation into the lower extremities bilaterally. The current request is for Duragesic 50mcg/hr #10 with 2 refills. The MTUS guidelines recommend Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS page 78 for opioids states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Records from the treating physician indicate the patient reports 50% reduction in pain when taking this medication and reports a 60-70% increase in her level of functioning. In this case, there is no evidence of adverse effects or adverse behavior. As such, my recommendation is for approval.