MAXIMUS Federal Services

Case Number:	CM15-0004304		
Date Assigned:	01/15/2015	Date of Injury:	04/16/2003
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
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
Certification(s)/Specialty: Emergency Medicine

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 69 year old female, who sustained an industrial injury on April 16, 2003. She has reported back and knee injury. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, post-laminectomy syndrome, and osteoarthritis of the knee. Treatment to date has included medications, radiological imaging, back surgery, and left knee surgery. Currently, the IW complains of low back pain. A current urine drug screen is not available for this review. The records indicate on October 31, 2014, current medications are listed as: Fentanyl Matrix 75 mcg, MS Contin 60 mg, Restoril 15 mg, and Neurontin 300 mg. On December 9, 2014, Utilization Review non-certified the request for MS Contin 60 mg, quantity #60, and Neurontin 300 mg, quantity #180, and Restoril 15 mg, quantity #30, and Fentanyl 75 mcg, quantity #15, based on Chronic Pain Medical Treatment guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of MS Contin 60 mg, quantity #60, and Neurontin 300 mg, quantity #180, and Restoril 15 mg, quantity #30, and Fentanyl 75 mcg, quantity #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids f.

Decision rationale: The requested MS Contin 60 mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with occasional radiation to the lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 60 mg # 60 is not medically necessary.

Neurontin 300 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages16-18 Page(s): 16-18.

Decision rationale: The requested Neurontin 300 mg # 180 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. The injured worker has low back pain with occasional radiation to the lower extremities. The treating physician has documented sufficient objective evidence of functional improvement. The criteria noted above not having been met, Neurontin 300 mg # 180 is not medically necessary.

Restoril 15 MG #30: Upheld

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

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

Decision rationale: The requested Restoril 15 mg # 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has low back pain with occasional radiation to the lower

extremities. The treating physician has not documented objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Restoril 15 mg # 30 is not medically necessary.

Fentanyl 75 MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids f.

Decision rationale: The requested Fentanyl 75 mcg # 15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with occasional radiation to the lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including anexecuted narcotic pain contract or urine drug screening. The criteria noted above not having been met, Fentanyl 75 mcg # 15 is not medically necessary.