

Case Number:	CM15-0005074		
Date Assigned:	01/16/2015	Date of Injury:	09/22/1999
Decision Date:	04/21/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 63 year old male, who sustained an industrial injury on 09/22/2009. He has reported subsequent severe back and lower extremity pain and was diagnosed with post-lumbar laminectomy syndrome. Treatment to date has included oral and topical pain medication and epidural steroid injections. In a progress note from the QME dated 11/24/2014, the QME notes that the injured worker's pain was unchanged and was rated as a 6/10 in the low back with numbness to the left thigh. Objective physical examination findings were notable for tenderness over the low back and decreased sensation of the left lateral thigh. The physician noted that the injured worker has required chronic narcotic use to be functional and had been using Fentanyl patches for 10 years. The physician noted that the injured worker was compliant with the medication but an addiction consultation was requested to wean him from the medication. This request was noted to have been denied. Requests were made for refills of Fentanyl, Zanaflex, Mobic and Colace. On 12/10/2014, Utilization Review non-certified requests for Fentanyl patches and Zanaflex noting that there was no evidence of functional improvement, Mobic noting that there was no evidence of a diagnosis of osteoarthritis and Colace noting that there was no evidence the injured worker was suffering from constipation. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mcg/h #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, 4) On-Going Management Opioids, specific drug list Page(s): 78, 92.

Decision rationale: According to MTUS guidelines fentanyl patches are indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs), there was no notation that the IW could not tolerate other medications and that they did not manage his pain. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In review of the records provided it was noted that the IW has post-laminectomy syndrome and has been on this medication long term. Additionally, the recent visits have not noted any muscle spasm. This request is not medically necessary and appropriate at this time.

Mobic 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Mobic is indicated for relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and juvenile idiopathic arthritis (JIA). There is no indication in the progress notes that the IW has any of these conditions. The notes state that the IW is on this COX-2

inhibitor due to GI distress but there is no documentation of what those symptoms were or of their resolution with a change in NSAID. This request is not medically necessary and appropriate at this time.

Colace 100mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: Colace is indicated for use as a stool softener. The IW may have hard stools or constipation due to use of narcotics however there was no notation in the progress notes. The request is not medically necessary and appropriate at this time.