

Case Number:	CM15-0100502		
Date Assigned:	06/02/2015	Date of Injury:	04/29/1999
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 69 year old female, who sustained an industrial injury on 04/29/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease with spondylosis, sustained vertigo, psoriatic arthritis, high fall risk, and deconditioning. Treatment and diagnostic studies to date has included home health services, laboratory studies, use of a walker and cane, and medication regimen. In a progress note dated 04/06/2015 the treating physician reports complaints of neck and low back pain. In a progress note dated 05/06/2015 the treating physician reports increased complaints of pain. The injured worker's medication regimen includes Fentanyl Patches, Percocet, Robaxin, Topamax, Cymbalta, Celebrex, and Senna. The injured worker's pain level is rated an 8 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician indicated that the medication regimen is helpful and she is able to perform activities of daily living with assistance and is not able to perform housework. The treating physician requested the medications of Percocet 10/325mg with a quantity of 240, Robaxin 500mg with a quantity of 60, and Fentanyl Patches 12mcg/hr with a quantity of 15 noting current use of these medications as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses or cervical DDD with spondylosis; lumbar DDD with spondylosis; long-acting and short-acting opiates; sustained vertigo; psoriatic arthritis; declining function. The earliest progress note in the medical record is dated July 15, 2014 shows the injured worker was taking Percocet 10/325 mg (eight tablets per day), fentanyl 12 g every 48 hours, Robaxin 500 mg; Toradol as needed; Celebrex 100 mg; Topamax; and Cymbalta. The most recent progress note in the medical record dated May 6, 2015. The request for authorization dated May 7, 2015. The documentation shows the injured worker has continued pain ranging from 10/10 to 8/10. The injured worker has multiple falls (attributed to vertigo) and uses a wheelchair to get around. The documentation does not demonstrate evidence of objective functional improvement with ongoing Percocet 10/325mg with continued subjective complaints and a pain score of 8/10. Consequently, absent compelling clinical documentation with objective functional improvement and persistently elevated pain scores to support the ongoing use of Percocet 10/325 mg with a history of falling, Percocet 10/325mg # 240 is not medically necessary.

Robaxin 500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 500 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses or cervical DDD with spondylosis; lumbar DDD with spondylosis; long-acting and short-acting opiates; sustained vertigo; psoriatic arthritis; declining function. The earliest progress note in the medical record is dated July 15, 2014 shows the injured worker was taking Percocet 10/325 mg (eight tablets per day), fentanyl 12 g every 48 hours, Robaxin 500 mg; Toradol as needed; Celebrex 100 mg; Topamax; and Cymbalta. The most recent progress note in the medical record dated May 6, 2015. The request for authorization dated May 7, 2015. The documentation shows the injured worker has continued pain ranging from 10/10 to 8/10. The injured worker has multiple falls (attributed to vertigo) and uses a wheelchair to get around. Documentation from July 15, 2014 through May 2015 does not show evidence of objective functional improvement with ongoing Robaxin use. Robaxin is indicated for acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation in the medical record to support an exacerbation of chronic low back pain. Additionally, Robaxin is indicated for short-term (less than two weeks). The treating provider has prescribed Robaxin in excess of the recommended guidelines (10 months). Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing Robaxin in excess of the recommended guidelines for short-term use (less than two weeks) and evidence of an acute exacerbation of chronic low back pain, Robaxin 500 mg #60 is not medically necessary.

Fentanyl patches 12mcg/hr, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl patch 12 g per hour #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses or cervical DDD with spondylosis; lumbar DDD with spondylosis; long-acting and short-acting opiates; sustained vertigo; psoriatic arthritis; declining function. The earliest progress note in the medical record is dated July 15, 2014 shows

the injured worker was taking Percocet 10/325 mg (eight tablets per day), fentanyl 12 g every 48 hours, Robaxin 500 mg; Toradol as needed; Celebrex 100 mg; Topamax; and Cymbalta. The most recent progress note in the medical record dated May 6, 2015. The request for authorization dated May 7, 2015. The documentation shows the injured worker has continued pain ranging from 10/10 to 8/10. The injured worker has multiple falls (attributed to vertigo) and uses a wheelchair to get around. Documentation from July 15, 2014 through May 2015 does not show evidence of objective functional improvement with ongoing fentanyl patches. Additionally, fentanyl patches indicated every 72 hours. The treating provider prescribed fentanyl patch queue 48 hours. The injured worker has continued 8/10 pain with neck and low back complaints. The injured worker has multiple falls. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing fentanyl patch use, fentanyl patch 12 g changed every 48 hours (indicated every 72 hours) and multiple falls, Fentanyl patch 12 g per hour #15 is not medically necessary.