MAXIMUS Federal Services

Case Number:	CM15-0102379		
Date Assigned:	06/04/2015	Date of Injury:	06/01/2001
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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:

The injured worker is a 48-year-old male who sustained an industrial injury on 6/1/01. The injured worker was diagnosed as having low back pain, lumbago, cervical pain/cervicalgia and post-laminectomy syndrome. Currently, the injured worker was with complaints of pain in the neck and lower back with radiation to the lower extremities. Previous treatments included medication management. Physical examination was notable for cervical spine tenderness and decreased flexion and extension, tenderness noted at lumbar spine and facet joint with decreased lumbar extension and lateral bending. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic -fentanyl transdermal system CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

Decision rationale: The patient presents with low back, neck, leg and feet pain rated 5/10 with medication. The request is for DURAGESIC 50MCG/HR #15. The request for authorization is dated 04/16/15. Physical examination of the cervical spine reveals tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Exam of lumbar spine reveals tender at lumbar spine, tender at facet joint, decreased flexion-decreased extension and decreased lateral bending. Patient's medications include MSER, Duragesic, Restoril, Soma, Robaxin and Norco. The patient's work status is not provided.MTUS Chronic Pain Medical Treatment Guidelines, page 44, states: "Duragesic -fentanyl transdermal system- is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As “analgesia, ADLs, adverse side effects, and aberrant behavior”, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."Treater does not specifically discuss this medication. The patient has been prescribed Duragesic since at least 03/24/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Duragesic significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Duragesic. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, and Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back, neck, leg and feet pain rated 5/10 with medication. The request is for NORCO 10/325MG #180. The request for authorization is dated 04/16/15. Physical examination of the cervical spine reveals tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Exam of lumbar spine reveals tender at lumbar spine, tender at facet joint, decreased flexion-decreased extension and decreased lateral bending. Patient's medications include MSER, Duragesic, Restoril, Soma, Robaxin and Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As “analgesia, ADLs, adverse side effects, and adverse behavior”, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least

03/24/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Restoril 30mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, (Insomnia treatment) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatments under Benzodiazepines.

Decision rationale: The patient presents with low back, neck, leg and feet pain rated 5/10 with medication. The request is for RESTORIL 30MG, #30 WITH 2 REFILLS. The request for authorization is dated 04/16/15. Physical examination of the cervical spine reveals tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Exam of lumbar spine reveals tender at lumbar spine, tender at facet joint, decreased flexion-decreased extension and decreased lateral bending. Patient's medications include MSER, Duragesic, Restoril, Soma, Robaxin and Norco. The patient's work status is not provided. ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." Treater does not specifically discuss this medication. Patient has been prescribed Restoril since at least 03/24/14. However, ODG only recommends benzodiazepines for short-term use due to risk of tolerance, dependence, adverse events and side-effect profile. The request for additional Restoril #30 with 2 refills does not indicate short-term use. Therefore, the request IS NOT medically necessary.

Robaxin 750mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available).

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

Decision rationale: The patient presents with low back, neck, leg and feet pain rated 5/10 with medication. The request is for ROBAXIN 750MG, #180. The request for authorization is dated 04/16/15. Physical examination of the cervical spine reveals tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Exam of lumbar spine reveals tender at lumbar spine, tender at facet joint, decreased flexion-decreased extension and decreased lateral bending. Patient's medications include MSER, Duragesic, Restoril, Soma, Robaxin and Norco. The patient's work status is not provided. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Per progress report dated 04/07/15; treater's reason for the request is "Change Soma to Robaxin." In this case, this is the initial trial prescription of Robaxin. Since this is the initial trial, treater has not been able to document the efficacy of the medication. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Therefore, the request IS medically necessary.