

Case Number:	CM15-0102862		
Date Assigned:	06/05/2015	Date of Injury:	05/26/1997
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 63 year old female sustained an industrial injury to low back, hips, bilateral knees and right foot/ankle on 5/26/97. Previous treatment included multiple right ankle surgeries, bilateral knee arthroscopy, physical therapy, pool therapy, lumbar sympathetic blocks, trigger point injections, transcutaneous electrical nerve stimulator unit, injections and medications. In a pain management progress note dated 3/4/15, the injured worker complained of bilateral low back pain with radiation to bilateral legs associated with numbness, tingling and weakness, bilateral knee pain and right foot and ankle pain. The injured worker rated her current pain 4/10 on the visual analog scale, with worst pain 9/10, least pain 2/10 and usual pain 7/10. The injured worker was in a wheelchair. The injured worker did not walk independently. The physician noted that medications helped to keep the injured worker functional and active at her level. Physical exam was remarkable for tenderness to palpation to light touch in the bilateral low back and buttocks area with positive bilateral straight leg raise. Current diagnoses included chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, bilateral knee pain, morbid obesity, lumbar spine spondylosis without myelopathy, adjustment disorder with mixed anxiety and depressed mood, hypothyroidism, chronic obstructive pulmonary disease, diabetes mellitus and congestive heart failure. The treatment plan included refilling medications (Norco and Fentanyl patch) and requesting a repeat epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #90 to be refill 5/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. The provider states in the clinic record that "symptoms are unchanged... treatment has not really made a significant change in symptoms". Consequently continued use of short acting opioids is not medically necessary.

1 prescription of Norco 10/325mg #90 to be filled 6/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 73-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. The provider states in the clinic record that "symptoms are unchanged... treatment has not really made a significant change in symptoms". Consequently, continued use of short acting opioids is not medically necessary.

1 prescription of Fentanyl patch 50mcg #10 to be filled 5/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Format of this guideline does not specify chapters or sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of long-acting opioids, such as fentanyl patch, require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. The provider states in the clinic record that "symptoms are unchanged... treatment has not really made a significant change in symptoms". Additionally the total morphine equivalent dose of Fentanyl 50mcg is approximately 120 mg MED which is above the recommended upper dosage limit. Consequently, continued use of long acting opioids is not medically necessary.

1 prescription of Fentanyl patch 50mcg #10 to be filled 6/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Format of this guideline does not specify chapters or sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of long-acting opioids, such as fentanyl patch, require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. The provider states in the clinic record that "symptoms are unchanged... treatment has not really made a significant change in symptoms". Additionally the total morphine equivalent dose of Fentanyl 50mcg is approximately 120 mg MED which is above the recommended upper dosage limit. Consequently, continued use of long acting opioids is not medically necessary.