

Case Number:	CM15-0019697		
Date Assigned:	02/09/2015	Date of Injury:	04/27/2005
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Family Practice

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 female who reported injury on 04/27/2005. The mechanism of injury was cumulative trauma. Prior therapies included braces, physical therapy and medication. The documentation of 01/06/2015 revealed the injured worker was having increased pain due to cold weather. The injured worker indicated that Fentanyl patches along with Norco, Neurontin and Zanaflex helped significantly. The medications decreased her pain by approximately 50%. Without pain medications, the pain level was 10/10 and with pain medications it was 4/10. The injured worker was able to walk approximately 1 mile per day and take care of chores around her home with medication. Without medication, the injured worker could only lie in bed. The physical examination revealed decreased range of motion of the cervical spine. The injured worker had a positive Spurling's test bilaterally. The injured worker had decreased range of motion of the bilateral shoulders and a positive Hawkins, drop arm and impingement test bilaterally. The injured worker had a positive Tinel's at the median nerve and ulnar nerve, a positive Phalen's and a positive Finkelstein's test bilaterally in the hands. The current medications were noted to include Fentanyl patch 100 mcg/hr 1 transdermally every 48 hours. Norco 10/325 mg 1 tablet by mouth every 4 to 6 hours, Neurontin 300 mg 2 tablets 3 times a day #180, Lidoderm patch, Prevacid 30 mg tablets at bedtime, and Xanax as needed for depression and anxiety, and Phenergan 25 mg 1 tablet by mouth as needed for nausea related to gastric bypass. The request was made for the refill of the medications. The injured worker was noted to have a narcotic agreement. The diagnoses included neck pain, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral wrist pain, severe depression,

cervical radiculopathy, neck pain, and cervical degenerative disc disease. Additionally, a urine toxicology screen was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction or poor pain control. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the date for the urine drug screen. Given the above, the request for urine drug screen is not medically necessary.

Duragesic 100mcg patch #15 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with the medications and an objective decrease in pain. The injured worker was noted to be monitored for aberrant drug behavior through urine drug screens. The injured worker was being monitored for side effects. If the injured worker were to take the medications at the recommended dosing, the daily oral morphine equivalents would be 300 mg which exceeds maximum guideline recommendations of 120. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills with re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic 100 mcg patch #15 with 2 refills is not medically necessary.

Norco 7.5/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with the medications and an objective decrease in pain. The injured worker was noted to be monitored for aberrant drug behavior through urine drug screens. The injured worker was being monitored for side effects. If the injured worker were to take the medications at the recommended dosing, the daily oral morphine equivalents would be 300 mg which exceeds maximum guideline recommendations of 120. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills with re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. The request as submitted failed to indicate the frequency and quantity of the medication being requested. Additionally, per the drug enforcement agency, Norco has been changed from a schedule 3 to a schedule 2 medication as of 10/06/2014 which would not allow for refills. There was a lack of documentation of exceptional factors to support the necessity for refills. Given the above and the lack of documentation, the request for Norco 7.5/325 mg with 2 refills not medically necessary.

Xanax 1mg #60 with 2 refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for a necessity for 2 refills without re-evaluation. Given the above, the request for Xanax 1 mg #60 with 2 refills is not medically necessary.