

Case Number:	CM15-0134441		
Date Assigned:	07/22/2015	Date of Injury:	06/08/1997
Decision Date:	08/18/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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 53 year old female, who sustained an industrial injury on 6/08/1997. She reported a low back injury from a slip and fall. Diagnoses include chronic low back pain, radiculopathy, and status post multiple lumbar surgeries including lumbar fusion. Currently, she complained of low back pain with radiation down both lower extremities. On 6/10/15, the physical examination documented lumbar tenderness, positive straight leg raise tests bilaterally, and decreased strength and sensation. The appeal requested authorization for prescriptions of Norco 10/325mg tablets and Duragesic patch 25mcg/hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #90 (DOS: 6/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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, retrospective Norco 10/325 mg #90 date of service June 22, 2015 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 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 are history of global fusion at L4-L5 with residual chronic low back pain; chronic low-grade neck pain; history of right carpal tunnel syndrome improved; and status post right shoulder surgery. The date of injury is June 8, 1997 (18 years prior). Request for authorization is dated June 29, 2015. The earliest progress note in the medical record containing a Duragesic 25 g and Norco 10/325 mg prescription is dated April 30, 2014. This is the earliest progress note and not a start date. The start date is not specified in the medical record. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement in medical record. Consequently, absent compelling clinical documentation demonstrating objective functional improvement with ongoing detailed pain assessments and risk assessments with an attempt to wean, retrospective Norco 10/325 mg #90 date of service June 22, 2015 is not medically necessary.

Retrospective request for Duragesic patch 25mcg #15 (DOS: 6/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) 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, retrospective Duragesic 25ug #15 date of service June 22, 2015 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 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 are history of global fusion at L4-L5 with residual chronic low back pain; chronic low-grade neck pain; history of right carpal tunnel syndrome improved; and status post right shoulder surgery.

The date of injury is June 8, 1997 (18 years prior). Request for authorization is dated June 29, 2015. The earliest progress note in the medical record containing a Duragesic 25 g and Norco 10/325mg prescription is dated April 30, 2014. This is the earliest progress note and not a start date. The start date is not specified in the medical record. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement in medical record. Consequently, absent compelling clinical documentation demonstrating objective functional improvement with ongoing detailed pain assessments and risk assessments with an attempt to wean, retrospective Duragesic 25 g #15 date of service June 22, 2015 is not medically necessary.