MAXIMUS Federal Services

Case Number:	CM15-0180841		
Date Assigned:	09/22/2015	Date of Injury:	05/16/2007
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia
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 67 year old female who sustained an industrial injury on 05-16-2007. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic low back pain, history of spinal stenosis and herniated disc, and evidence of scoliosis of thoracic spine and lumbar spine. In a progress report dated 06-11-2015, the injured worker reported constant pain with a pain level of 12 out of 10. She also reported that the previous surgeries did not help her problems. According to the progress note dated 08-05-2015, the injured worker reported severe low back pain and middle back pain. Pain level was 10 out of 10. The injured worker reported that she used to receive 200mcg of Fentanyl patch Q 2 days and now it has been decreased to 100mcg and she doesn't feel that it is enough. Current medication is Fentanyl patch 100mcg and Hydrocodone 10-325. Physical examination performed on 08-05-2015 revealed pain, with marked kyphosis and scoliosis, tenderness with muscle spasm in the lumbar spine, positive straight leg raises and tenderness in the thoracic spine. Treatment to date has included prescribed medications, 4 back surgeries and periodic follow up visits. The treatment plan included medication management with recommendation in reducing Fentanyl Patch; however, the injured worker was not in agreement. The injured worker has been on Fentanyl 100 mcg patch and Chloroxizone 500 mg since at least March of 2015 with no significant functional improvement or decrease in pain. Urine drug screen report was not submitted for review. Request for authorization dated 08-07-2015, included requests for Fentanyl 100 mcg patch, Qty 15 and Chloroxizone 500 mg Qty 180. The utilization review dated 08-14-2015, non-certified the request for Fentanyl 100 mcg patch, Qty 15 and Chloroxizone 500 mg Qty 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg patch, Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Fentanyl, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents severe pain ratings, ranging from "10/10" to "12/10" despite use of Fentanyl and Hydrocodone. There is no documentation of any improved function related to medication use. There is concern for medication overuse. Therefore, the record does not support medical necessity of ongoing opioid therapy with Fentanyl. The request is not medically necessary.

Chloroxizone 500 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of chloroxozone. This is not medically necessary and the original UR decision is upheld.