

Case Number:	CM15-0187452		
Date Assigned:	09/29/2015	Date of Injury:	09/30/1998
Decision Date:	12/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on September 30, 1998. On August 31, 2015, September 03, 2015 (including medial branch blocks), she underwent radiofrequency ablation of bilateral L3-L5, under the treating diagnosis of lumbar facet arthropathy. Pain management follow up dated April 28, 2015 reported chief subjective complaint of "lumbar pain and bilateral sciatica right side greater." She states "pain in low back down lower extremities." Current medications consisted of: Fentanyl 25mcg, Valium (from two prescribers), Voltaren gel, Lidoderm patches. The assessment found the worker with: trochanteric bursitis; hip pain, right; lumbar radiculopathy, right; facet arthropathy, lumbar; degenerative disc disease, lumbar, and sprain and strain lumbosacral. Prescription given in triplicate Norco, Pain management follow up visit dated August 14, 2015 reported active medications: Flexeril, Norco, Fentanyl, Valium, Voltaren, Naproxen, and Lidoderm. There was note of "new problem" added of cervical discogenic spine pain. On August 25, 2015 a request was made for Fentanyl 25mcg #10; Flexeril 10mg #120; and Norco 10mg 325mg #120 which was noted noncertified by Utilization review on August 28, 2015; the Flexeril noted certifying for #30 weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg #10: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 5 months. The records do not support specific functional improvement resulting from the use of this medication. There is no documentation of decreased reliance on medications and ongoing treatment programs including facet blocks and physical therapy. In addition, the request does not include dosing frequency or duration. The request for fentanyl patch analgesia is not medically necessary.

Cyclobenzaprine Hcl 10mg #60 with 2 Refills: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 3 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request includes a request for 2 refills. This also suggests administration for a long course of care. The IW's response to this medication is not discussed in the documentation. Without the support of the guidelines, the request for cyclobenzaprine with 2 refills is not medically necessary.

Norco 10-325 mg #120: 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): Opioids for chronic pain, Opioids, specific drug list, Opioids, criteria for use.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 5 months. The records do not support specific functional improvement resulting from the use of this medication. There is no documentation of decreased reliance on medications and ongoing treatment programs including facet blocks and physical therapy. In addition, the request does not include dosing frequency or duration. The request for Norco 10/325mg tablets is not medically necessary.

Toxicology Screening: 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): Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: Medical necessity for a drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the Ca MTUS. The treating physician has not listed any other reasons to order a toxicology screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The toxicology screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS.