

Case Number:	CM15-0195342		
Date Assigned:	10/09/2015	Date of Injury:	10/21/1996
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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:

This is a 76 year old female with a date of injury on 10-21-96. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, head, back, bilateral shoulder, bilateral arm, bilateral hand and left leg pain. Progress report dated 8-19-15 reports continued complaints of neck pain with radiation of pain down both arms associated with muscle spasms. She has tingling and numbness of the cervical spine along with weakness to the bilateral arms which worsens while carrying objects, writing and or grasping. She continues with frequent severe headaches and blurry vision. She reports the medication helps improve her lifestyle. The third epidural steroid injection done on 2-18-15 provided significant improvement with weakness, tingling and numbness in the upper extremities for 8 weeks. Objective findings: weakness in bilateral upper extremities, limited range of motion of the cervical spine with radiculopathy of the upper extremities is consistent with C3, C4, C5, C6, and C7 dermatomal pattern. She is narcotic dependent long term and conservative therapy and TENS unit therapy has failed. According to the medical records she has been using duragesic patches and compound creams since at least 12-10-14. Request for authorization dated 9-21-15 was made for urine drug screen, duragesic patches 75 mg and compound creams. Utilization review dated 10- 02-15 modified duragesic patches 75 mcg per hour quantity 10 and non-certified urine drug screen and compound creams.

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 Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Duragesic patches 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids for chronic pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

Decision rationale: According to the guidelines, Fentanyl (Duragesic) is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Dilaudid - other opioids along with Duragesic. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of weaning failure. Pain score reduction was not routinely noted and the claimant required invasive procedures (ESIs) for pain significant pain relief. Continued use of Fentanyl (Duragesic) is not medically necessary.

Compound creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The topical cream requested contained the above ingredients. In addition , the claimant remained in the opioids. Since the compound above contains these topical medications, the compound in question is not medically necessary.