

Case Number:	CM15-0023857		
Date Assigned:	03/17/2015	Date of Injury:	06/08/1994
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 June 8, 1994. She reported lower back pain. The injured worker was diagnosed as having failed back surgery syndrome, cervical and lumbar spondylosis and peripheral neuropathy. Treatment to date has included cervical epidural injections and medications. On January 27 2015, the injured worker complained of chronic severe pain in her lower back that radiates down into her lower extremities and also up to her neck from the lower back. She rated her pain as a 9 on a 1-10 pain scale with medications and as a 10/10 on the pain scale without medications. Her medications are keeping her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The treatment plan included medications and physical therapy. The IW is utilizing an implanted spinal cord stimulator for pain relief. The medications listed are Opana, Trazodone, Clonazepam, Skelaxin, Ambien, Lyrica, Vimovo and Cymbalta. It is unclear if the IW is still utilizing Duragesic patch, which was recommended for weaning. Treatment authorization requests included medications, Intrathecal pump implant with Morphine and a right shoulder subacromial bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Opana ER 40mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with PT, NSAIDs and non opioid co-analgesic medications. The chronic use of opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications. There is documentation of minimal reduction in pain score and no significant functional restoration that is indicative of possible opioid induced hyperalgesia state. There is an implanted spinal cord stimulator in place for pain relief. It is unclear if the patient is still utilizing Duragesic patch concurrently. There is no documentation of compliant monitoring including consistent UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Opana 40mg #90 was not met.

(1) Prescription of Tegaderm HP, #20 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines did not address the use of Tegaderm in chronic pain management. The records did not show the indication for the use of the Tegaderm patches. It is unclear if the patches are being utilized for securing the Duragesic patch. The records indicate that the Duragesic patches were being discontinued after non certification by the carrier. The criteria for the use of Tegaderm HP #20 with 2 refills was not met.

1 Pre-operative; CXR, Labs, EKG, and med clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Surgery and Other Medical Treatment Guidelines American Society of Anesthesiology (ASA) Preoperative guidelines.

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address preoperative workup of patients who are undergoing surgery. The guidelines recommend that patients can be referred for evaluation by specialists when additional expertise is necessary. The ASA guidelines recommend that patient with significant co-existing medical conditions should undergo preoperative workup that includes laboratory tests, chest X-ray and medical clearance before undergoing a major surgery. The records did not indicate that the anesthesia and surgery being planned will be associated with significant systemic and organs dysfunction. The records indicate that the patient had undergone uneventful monitored anesthesia care for minor pain procedures. The criteria for pre-operative labs, chest X-ray, EKG and Medical clearance was not met.