

Case Number:	CM15-0031302		
Date Assigned:	02/24/2015	Date of Injury:	11/29/1993
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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
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 52 year old male who sustained an industrial injury on 11/29/1993. Current diagnoses include postlaminectomy syndrome, lumbago, pain lumbar spine, radiculitis, and hypertension. Previous treatments included medication management, multiple injections, and spinal fusion. Report dated 09/30/2014 noted that the injured worker presented with complaints that included back pain, described as aching, stabbing, throbbing, burning, numbness, and tingling. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/04/2015 non-certified a prescription for hydrocodone/APAP and Fentanyl patch, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10-325mg day supply 30 QTY:150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 80 and 81 of 127.

Decision rationale: There is insufficient documentation relating to evidence of progressive functional gains seen with chronic opioid use which is required in the MTUS guidelines. There is also insufficient documentation related to a discussion of the side effect profile including tolerance or alternative therapy. As such, hydrocodone/APAP is not indicated for use under the MTUS guidelines. Use of opioid medication should be titrated down to avoid an acute withdrawal syndrome. "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain." Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%."

Fentanyl DIS 12MCG/HR day supply 30 QTY:10 refills:0.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 80 and 81 of 127.

Decision rationale: There is insufficient documentation relating to evidence of progressive functional gains seen with chronic opioid use which is required in the MTUS guidelines. There is also insufficient documentation related to a discussion of the side effect profile including tolerance or alternative therapy. As such, fentanyl is not indicated for use under the MTUS guidelines. Use of opioid medication should be titrated down to avoid an acute withdrawal syndrome. "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain." Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%."