

Case Number:	CM15-0035720		
Date Assigned:	03/04/2015	Date of Injury:	11/26/2003
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old female, who sustained an industrial injury on 11/26/03. She has reported neck injury. The diagnoses have included status post C4-5 and C5-6 cervical fusion, depression due to chronic pain, swallowing difficulties since her neck surgery and low back and right lower extremity pain. Treatment to date has included C4-5 and C5-6 cervical fusion, physical therapy and medications including Duragesic patch, Norco, Colace and Neurontin. Currently, the injured worker complains of slightly increased pain with cold weather, however medications are helping to control it. Physical exam noted good strength in bilateral upper and lower extremities with normal gait. On 2/10/15 Utilization Review submitted modified certifications for Fentanyl patches 100mcg #30, noting the lowest possible dose is recommended to improve pain/function and they do not appear to be effective, so continued use in not indicated, modified certification to begin gradual weaning and Norco 10/325mg #240, noting there is no documented to support continued use is leading to a further improvement in function and modified certification is recommended to initiate a gradual weaning. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of Fentanyl patch 100mcg #30 and Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old female has complained of neck and low back pain since date of injury 11/26/03. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Fentanyl patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl patch is not indicated as medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old female has complained of neck and low back pain since date of injury 11/26/03. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.