

Case Number:	CM15-0083045		
Date Assigned:	05/05/2015	Date of Injury:	06/14/2000
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Physical Medicine & Rehabilitation, 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 69-year-old male, who sustained an industrial injury on 6/14/00. He reported a back injury after picking up a 100-pound box. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar disc disorder, lumbar radiculopathy and low back pain. Treatment to date has included spinal fusion, physical therapy, epidural injections, oral medications including Trazadone, Norco, Aspirin, Brilinta, Metoprolol and Pravastatin, topical medications including Androgel, Voltaren gel and Duragesic patch, TENS unit and home exercise program. Currently, the injured worker complains of lower backache rated 6/10 with medications and 10/10 without medications. He also noted 40% back and leg pain relief for 3 weeks from epidural steroidal injections. With medications, he remains independent in self-care and able to perform household chores. Physical exam noted lumbar surgical scar, restricted range of motion of lumbar area, tenderness on palpation of paravertebral muscles, tenderness over the sacroiliac spine and tenderness and tight muscle band on both sides. A request for authorization was submitted for Duragesic patch, Norco and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg quantity 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Duragesic (Fentanyl), Chronic Pain Medical Treatment Guidelines state that Fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 6 out of 10 to 1 out of 10. However, the patient has documented misuse of opioid medication, including taking oxymorphone from a different source other than his provider. Multiple urine toxicology screenings confirm aberrant use; and this has not been addressed by the provider. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (Fentanyl) is not medically necessary.

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 6 out of 10 to 1 out of 10. However, the patient has documented misuse of opioid medication, including taking oxymorphone from a different source other than his provider. Multiple urine toxicology screenings confirm aberrant use; and this has not been addressed by the provider. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.