MAXIMUS Federal Services

Case Number:	CM15-0084747		
Date Assigned:	05/12/2015	Date of Injury:	10/21/1998
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Preventive Medicine, Occupational 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 67 year old female with an industrial injury dated 08/06/1998. Her diagnoses included low back pain, lumbar degenerative disc disease, lumbar radiculitis, and chronic pain syndrome and shoulder pain. Prior treatments include medications. She presents on 04/06/2015 with complaints of low back pain which radiates to left leg, pain in her feet and left shoulder pain. She rates her pain as 10/10 without the pain medications and 5/10 with the pain medications. Physical exam revealed straight leg raising was negative bilaterally. Bilateral gastrocsoleus reflexes were negative. She ambulated independently without any assistive device. Strength was normal in both lower extremities. The provider notes the injured worker is able to function well with the help of pain medications. Urine toxicology testing done on 02/09/2015 was consistent with prescribed pain medications and CURES report obtained on 04/13/2015 indicated the injured worker was receiving pain medications from one provider. According to submitted notes the injured worker has been using Fentanyl patch and Norco since 2009. The provider documents the Fentanyl patch at 12 mcg/hr is a reduction of about 40% in her pain medication. The provider also documents that non-steroidal anti-inflammatory drugs are contra indicated due to her elevated creatinine. Her work status is retired. Treatment plan included continuing Fentanyl patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Patient has been taking Norco for at least as far back as five years despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325 MG #90 is not medically necessary.

Fentanyl Patch 12 MCG/H #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Fentanyl Patch 12 MCG/H #10 is not medically necessary.