

Case Number:	CM15-0242110		
Date Assigned:	12/21/2015	Date of Injury:	11/23/1990
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/11/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 11-23-90. The injured worker was diagnosed as having lumbar radiculopathy; chronic low back pain; failed back surgery syndrome of the lumbar spine. Treatment to date has included physical therapy; medications. Diagnostic studies included a MRI of the lumbar spine (8-13-15). Currently, the PR-2 notes dated 9-30-15 is a "Pump Flow Sheet" indicating a pump refill on this date for Fentanyl and Bupivacaine. The actual PR-2 dated 9-30-15 is hand written and difficult to decipher as are a majority of the submitted PR-2's for different dates of service. The notes appear to indicate the injured worker complains on-going low back pain with positive lower extremity weakness and numbness. The provider notes the injured worker is a status post right shoulder steroid injection with relief, but no date when the injection took place. Objective findings indicate the injured worker has negative nausea, vomiting, shortness of breath and bilateral feet have decreased sensitivity. He also notes the back has a decreased in range of motion of the lumbar spine. The treatment plan indicates the injured worker is to continue Percocet, and another medication that is illegible. He is requesting L3-L4 epidural steroid injection with sedation and consider a neurosurgeon referral; a return visit on 11-16-15 for a pump refill. A MRI of the lumbar spine dated 8-13-15 impression reveals: (1) L4-5 solid interbody fusion - status post right laminotomy L5-S1 left laminotomy; (2) L3-4 severe canal stenosis due to accommodation of congenitally short pedicles, severe bilateral facet arthropathy-hypertrophy and ligamentum flavum thickening, redundancy; (3) L2-3 moderate canal narrowing; (4) L5-S1 moderate canal stenosis; (5) L3-4 through L5-S1 moderate-severe bilateral foraminal narrowing.

Please note the MRI report was submitted for review. A Request for Authorization is dated 12-11-15. A Utilization Review letter is dated 12-2-15 and non-certification for Pump Refill with Pump Kit and Fentanyl 4 MG-ML with Bupivacaine 1.5 MG-WML x3. A request for authorization has been received for Pump Refill with Pump Kit and Fentanyl 4 MG-ML with Bupivacaine 1.5 MG-WML x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 4 MG/ML with Bupivacaine 1.5 MG/WML x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Pump Refill with Pump Kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: A pump refill with pump kit is being requested. The Fentanyl with Bupivacaine has been deemed not medically necessary. Likewise, this pump refill and pump kit are not considered medically necessary.