

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0115275 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 03/22/2002 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with date of injury of 3/22/2002. Per a pain management progress note dated 6/13/2014, the injured worker complains of neck pain radiating into left arm down to the thumb and low back pain. She reports that the pain is still present, but with the patches she seems to be better when waking up in the morning. She reports that today in the morning she woke up with pain being on a level 6/10, therefore she took a Norco and the pain got better with the pain going down to a level 4/10. She states that with her neck pain it is also radiating to her head which is provoking headaches four times every week. She also reports that not only is she having pain on both of her arms but now she is feeling weakness and numbness increasing on her right arm therefore she will be getting nerve conduction done next month. She states that overall everything is still the same but weakness seems to be more of a problem for her because she isn't able to do many things as normal as she used to. On examination of the cervical spine, all range of motion is restricted by pain and stiffness and elicits crepitus. Rotation limited to just 30 degrees bilaterally with palpable crepitus and elicits pain over trapezii, flexion limited to 45 degrees and extension limited to return to neutral. Spurling's is positive. Lumbar flexion is 45 degrees, extension 15 degrees and rotation 30 degrees. Straight leg raise are mildly positive bilaterally. There is moderate tenderness to palpation over lumbosacral spine. There is hypoesthesia along the left arm and down the fourth and 6th digits of her left hand. She has some mild retention tremor and mild titubation of her hand. Neck pain is the same. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc; postlaminectomy syndrome of cervical region; cervicalgia; thoracic of lumbosacral neuritis or radiculitis, unspecified; chronic pain syndrome; carpal tunnel syndrome; muscle spasms of head and/or neck; and drug induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 50 mcg/ hr QTY 10.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section, Opioids section Page(s): 44, 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is chronically injured, having been injured over 12 years ago. On the application for independent medical review, the injured worker wrote "please allow the Fentanyl patch to be part of my pain control, using it has made it possible for me to better care for myself and I trust my doctor's advice." The injured worker appears to be benefiting from the use of the Fentanyl patch with improved pain control that was not adequately controlled with Norco alone. The injured worker's statement indicates that there is an increase in quality of life with the use of Fentanyl patch and likely improved function as she reports that the patch has allowed her to better care for herself. The addition of Fentanyl patch should probably have included a reduction in the dosing of Norco, but Norco is not the medication being reviewed for medical necessity. The request for Fentanyl patches 50 mcg/ hr QTY 10.00 is determined to be medically necessary.

Soma 350 mg QTY 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350 mg is determined to not be medically necessary. The request for Soma 350 mg QTY 360.00 is determined to not be medically necessary.

