

Case Number:	CM14-0128450		
Date Assigned:	08/15/2014	Date of Injury:	10/19/1990
Decision Date:	09/26/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 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 63 year old female who has a date of injury of 10/19/90. The mechanism of injury is not described. She is noted to have chronic low back pain with radiation into the lower extremities. She is noted to be pending a functional restoration program. Clinical notes report that her pain levels are 9-10 without medications and 4 with. The record notes a request for a urine drug screen on 05/02/14; however, the results are not available for review. It is reported that she is more functional on medications. She participates in bible study weekly. She is able to help her mother around the house. She reports no side effects. There is no aberrant drug behavior. She is noted to be receiving treatment for comorbid depression. On examination, she is noted to have mild tenderness to palpation at the lumbar paraspinal muscles and along the facet joint line at L5-S1, more so on the right. Back range of motion is reduced in all planes. Left lower extremity has 5- to 4+ muscle strength. Right lower extremity strength was 4-/5 for the hip flexors, knee extensors, and flexors. Right ankle dorsa flexion and plantar flexion and long toe extension were 3-/5. Sensation is reported to be decreased in the right and left lateral legs. Deep tendon reflexes are reported to be 3+ at the knees and 2+ at the ankles. The record contains a utilization review determination dated 07/28/14 in which requests for Duragesic 12mcg/hour #10, Duragesic 25mcg/hour #10, and Hydrocodone with Acetaminophen 5mg/325mg #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Duragesic 12mcg/hr transdermal patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for Duragesic 12mcg per hour transdermal patch #10 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with radicular symptoms. The serial records do not provide any substantive data that establishes that the continued use of Duragesic transdermal patches results in any substantive improvements. The record fails to provide clear data establishing the efficacy of this medication in the management of the injured worker's chronic pain. The record does not reflect a signed pain management contract or provide data from serial or random UDS to assess compliance. Therefore, the injured worker would not meet criteria per CA MTUS for the continuation of this medication and this request is not medically necessary.

1 prescription of Duragesic 25mcg/hr transdermal patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for Duragesic 25mcg per hour transdermal patch #10 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with radicular symptoms. The serial records do not provide any substantive data that establishes that the continued use of Duragesic transdermal patches results in any substantive improvements. The record fails to provide clear data establishing the efficacy of this medication in the management of the injured worker's chronic pain. The record does not reflect a signed pain management contract or provide data from serial or random UDS to assess compliance. Therefore, the injured worker would not meet criteria per CA MTUS for the continuation of this medication and this request is not medically necessary.

1 prescription for Hydrocodone w/ acetaminophen 325-5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Hydrocodone with Acetaminophen 5mg/325mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker

has chronic low back pain with radicular symptoms. The serial records do not provide any substantive data that establishes that the continued use of Hydrocodone with Acetaminophen results in any substantive improvements. The record fails to provide clear data establishing the efficacy of this medication in the management of the injured worker's chronic pain. The record does not reflect a signed pain management contract or provide data from serial or random UDS to assess compliance. Therefore, the injured worker would not meet criteria per CA MTUS for the continuation of this medication and this request is not medically necessary.