

Case Number:	CM14-0139949		
Date Assigned:	09/08/2014	Date of Injury:	06/08/2000
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on June 8, 2000. The mechanism of injury is noted as repetitive stress. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of neck pain and bilateral arm pain. Pain is stated to be 8/10 without medications and 3/10 with medication. Medications are also stated to improve the injured employee's mood and ability to function. The physical examination demonstrated spasms and tenderness along the cervical spine. There was tenderness anteriorly along the pectoralis and laterally along the deltoids. There was also tenderness diffusely over the elbows and wrists. Diagnostic imaging studies of the cervical spine revealed two electrodes in the region of the posterior spinal canal extending from C4-C7 on the right and C5-T1 on the left there was a reversal of lordosis and mild degenerative changes throughout the cervical spine. Previous treatment includes physical therapy, stellate ganglion blocks, cervical plexus blocks, psychotherapy, hydrotherapy, paraffin wax baths, home exercise, cervical epidural steroid injections, oral medications, and the use of a spinal cord stimulator. A request had been made for a fentanyl 50 g patches, Norco 10/325 mg and Dilaudid 4 mg and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

050458-0092 FENTANYL 50 MCG/HR PATCH QTY:15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93 of 127..

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." The progress note dated July 16, 2014, includes a diagnosis of reflex sympathetic dystrophy of the upper limbs as well as diffuse myalgias and myositis, headaches, and facial pain. Considering the majority of these diagnoses involve musculoskeletal pain, this request for fentanyl 50 g patches is not medically necessary.

052544-0539 NORCO 10/325 MG 1-2 TAB Q6HRS QTY:240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, it is unclear why there are two short acting opioid medications prescribed. Considering this, this request for Norco 10/325 mg is not medically necessary.

000044-1024 DILAUDID 4MG TID PRN BTP QTY:45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78 & 93 of 127..

Decision rationale: The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, it is unclear why there are two short acting opiates prescribed, Dilaudid and Norco. Considering this, this request for Dilaudid 4 mg is not medically necessary.