MAXIMUS Federal Services

Case Number:	CM14-0142570		
Date Assigned:	09/10/2014	Date of Injury:	02/04/2009
Decision Date:	11/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedic Surgery 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 claimant is a 60-year old female who sustained an injury to the low back on 02/04/09. The claimant underwent an L2 through L5 lumbar laminectomy and decompression in August, 2009. The claimant also underwent gastric lap band surgery in June, 2011. On 06/25/14, the claimant underwent an L3 through L5 Anterior Posterior Lumbar Fusion with Instrumentation. The postoperative clinical records included the progress report of 07/28/214 noting that the claimant continued to have low back complaints but improved radicular pain. It was documented that the claimant used a front wheeled walker. Physical examination revealed a well-healed incision, positive straight leg raising, 4/5 motor strength of the peroneus longus/brevis on the right and 5/5 on the left. There was 4/5 motor strength of the extensor hallucis longus on the right and 5/5 on the left. There was residual hypoesthesia of the right L5 dermatomal distribution. The report documented that the claimant had been attending physical therapy with reduction in pain documented in the physical therapy records as well as documentation of improved activities of daily living. There are current requests for continued medications to include: Fentanyl patches as well as Oxycodone for postoperative pain relief. The claimant is also utilizing Gabapentin, Nonsteroidal medications and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use, Fentanyl Page(s): 76-80; 47.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, continued use of Fentanyl, a long acting narcotic analgesic, in this case is not recommended as medically necessary. The claimant is roughly two months following surgery and it documented to be making improvements in both physical examination findings and subjective complaints based on the physical examination and physical therapy assessments. Now after surgery, it would be appropriate to wean from narcotic agents and that continued use of Fentanyl would not be indicated.

Oxycodone IR #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use, Oxycodone Page(s): 76-80; 91-94.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for Oxycodone would also not be supported. The continued use of this narcotic analgesic Oxycodone at two months following surgery with documented improvements based on subjective complaints and current physical findings would not be indicated. The claimant is continuing to be treated for both inflammation and neuropathic pain with nonsteroidal agents as well as Gabapentin. The acute need for oral narcotic analgesics now after surgery would not be supported.