

Case Number:	CM14-0143352		
Date Assigned:	09/10/2014	Date of Injury:	11/16/2006
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation & Pain Medicine > and is licensed to practice in Oklahoma. 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 47-year-old female who reported an injury on 11/16/2006. The mechanism of injury was not provided, but on 08/14/2014, the injured worker presented with low back pain radiating to the left leg. The medications included Seroquel, fentanyl, Valium, Pristiq, tizanidine, fentanyl, and Norco. Upon examination of the lumbar spine, there was tenderness at the facet joint and decreased flexion, extension and lateral bending. Diagnoses were lumbago, postlaminectomy syndrome of the lumbar spine, and encounter of long term prescription use. The provider recommended fentanyl transdermal patch, Norco, and tizanidine. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Transderman Patch 75mcg Qty: 15.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend Duragesic as a first line therapy. The FDA approved labeling states that Duragesic is indicated in the management of chronic pain, and injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is lack of documentation that the injured worker is recommended for continuous opioid analgesia for pain. There is lack of documentation of a complete and adequate pain assessment and the efficacy of prior treatments used. As such, medical necessity has not been established.

Norco 10/325mg Qty: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids following management of chronic pain. The guidelines recommend documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Tizanidine 4mg Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications of this class may lead to dependence. The provider's request for tizanidine 4 mg #120 exceed the guideline recommendations for short term treatment. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.