MAXIMUS Federal Services

Case Number:	CM14-0166337		
Date Assigned:	10/13/2014	Date of Injury:	07/18/1994
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal 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:

A March 4, 2014 shows no inconsistent results with reported medications. Medications reported but not tested include Docusate, Fentanyl patch, Neurontin and Zanaflex. Current complaints include constant low back pain with lower extremity radiation. There is a cramping, weakness, numbness and tingling sensation. On June 26, 2014, authorization was denied for continuation of narcotic pain medications. A September 17, 2014 note indicated that the IW has back pain rated 10/10 without medications and 7/10 with medications. Activities of daily living reportedly improve with medications (not specified). Neck, knee, and shoulder pain noted. Physical examination revels normal gait with no limping. There is tenderness oven the lumbar spine at L5. Cervical paraspinal tenderness noted. Right shoulder adduction to 90 degrees, left abduction to 150 degrees. Current diagnoses include: 1. Degeneration of the lumbosacral intervertebral disc. 2. Degeneration of the cervical intervertebral disc. 3. Chronic pain syndrome. 4. Knee pain. 5. Degeneration of the lumbar intervertebral disc. 6. Shoulder joint pain. Plan of care includes: Refill Fentanyl, Lidocaine patch, Norco, and Zanaflex and continue for pain. Control Continue Trazadone for sleep. Pursuant to the September 17, 2014, there was no other plan of care documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFY: FENTANYL 50 MCG PATCH #4, NO REFILLS: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opiates

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guideline, Fentanyl 50 mcg patch #4, no refills are not medically necessary. The guidelines state with long-term opiate use there must be documentation of functional goals, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be in the medical record. There should be a satisfactory response to treatment that may be indicated by the patient's decreased pain, increase level of function or improve quality of life. In this case, there is no documentation of an opiate treatment plan, there is no discussion of functional improvement over baseline with the use of fentanyl. The medical guidelines do not recommend fentanyl for first-line therapy but recommend Fentanyl when pain cannot be managed by other means. Fentanyl patches, in this case are not prescribed in accordance with the guideline recommendations for long-term opiate use and specific recommendations for the use of fentanyl patches. Fentanyl is an opiate with potency 80 times that of morphine. Weaker opiates are less likely to provide adverse effects than stronger opiates like fentanyl. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Fentanyl 50 mcg patch #4, no refills are not medically necessary.

MODIFY: NORCO 10/325 MG #60 AS A ONE MONTH SUPPLY PER 9/17/14 REQUEST: 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): 75-96.

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Norco 10/325 mg #60 per September 17, 2014 request is not medically necessary. The guidelines state documentation of functional goals and ongoing review of documentation as the pain relief in addition to functional status, appropriate medication use and side effects must be detailed in the medical record. A detailed pain assessment should also be in the medical record this should be accompanied by a satisfactory response to treatment that may be reflected by decreased pain, increased level of function or increased or improved quality of life. Notably (discussed above), the injured worker is using fentanyl patches (long acting very potent opiate) concurrently. In this case there is no documentation that discusses functional improvement over baseline from ongoing Norco use. There is no evidence in the medical record that the treating physician is monitoring the injured worker according to the guidelines. The latest progress note dated September 17, 2914 mentions the injured worker is going to attempt to self-reduce the amount of Norco taken over a one-month period. However, for the dose remained unchanged.

Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 mg #60 as a one month supply is not medically necessary.

LIDODERM 5% 700 MG/PATCH #60 WITH 3 REFILLS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Tpoical analgesics

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is not medically necessary. The guidelines state Lidoderm patch is recommended for the treatment of peripheral neuropathic pain after there has been evidence of failure to respond to first-line therapy with tricyclics, antidepressants, gabapentin, Lyrica. In this case, the medical records reviewed have no documentation of objective physical examination findings compatible with neuropathic pain. Additionally, there has been no symptom relief or objective evidence of functional improvement with the ongoing use of Lidoderm patches. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines , Lidoderm patches are not medically necessary.