

Case Number:	CM14-0166751		
Date Assigned:	10/13/2014	Date of Injury:	01/12/2007
Decision Date:	11/14/2014	UR Denial Date:	09/29/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 53 year old male who was injured on 1/12/2007. The diagnoses are low back, thoracic, neck and right shoulder pain. There is associated diagnosis of insomnia. There is a past surgery history of lumbar laminectomy and fusion surgeries. On 9/18/2014, [REDACTED] noted subjective complaints of low back pain radiating down the lower extremities. The pain score was reported to be 8/10 on a scale of 0 to 10. There is associated numbness, tingling, and weakness of the upper and lower extremities. The medications Norco, Fentanyl patch and Celebrex for pain are Ambien for insomnia. The patient is also utilizing Restoril for sleep prescribed by [REDACTED]. A Utilization Review determination was rendered on 9/29/2014 recommending the requests as not medically necessary for Duexis tid PRN #90, Fentanyl 25mcg every 3 days #10, TN1 cream to right shoulder and Norco tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis TID PRN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Pain; regarding Duexis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiovascular, renal and gastrointestinal complication. The records indicate that the patient have been utilizing NSAIDs for many years. The patient is also utilizing Celebrex. The use of multiple NSAIDs is associated with increased risk of NSAIDs related adverse effects. The Duexis product contains ibuprofen 800mg and famotidine 26.6mg. There is no documentation of gastrointestinal disease that requires treatment with H2 blocker combined with NSAID. The request for Duexis tid #90 is not medically necessary.

Fentanyl 25ugm every 3 days PRN baseline pain #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics (Duragesics) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that fentanyl can be utilized as a second line medication when the patient cannot tolerate or have failed treatment with first line oral opioid medications. The records indicate that the patient did not fail oral opioid medications. The patient is utilizing Norco as well as multiple sedative medications. The combination of multiple opioids and sedatives is associated with increased risk of development of tolerance, addiction, dependency, sedation and adverse drug reactions. The request for Fentanyl 25mcg every 3 days #10 is not medically necessary.

TN1 Cream to Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound preparations can be utilized for the treatment of neuropathic or small joint osteoarthritis when treatment with first line oral NSAID or neuropathic medications are contraindicated or have failed. The records did not show that the patient failed treatment with first line medications. The components of TN 1 cream were not specified. There is no PDR or FDA listing for TN 1 cream. The guidelines recommend that topical preparations should be tried and evaluated individually for efficacy. The request for the use of TN1 cream is not medically necessary.

Norco TID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of musculoskeletal pain when treatments with non-opioids medications, PT and surgical options are no longer effective. The records indicate that the patient completed treatment with interventional pain injections and surgical options. The patient reported pain relief with functional restoration with the use of the pain medications. There is no reported side effect or aberrant drug behaviors. The use of multiple opioids and other sedatives is associated with increased risk adverse effects. The request for Norco 10/325mg tid PRN is medically necessary.