

Case Number:	CM14-0172558		
Date Assigned:	10/23/2014	Date of Injury:	01/13/1997
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/18/2014

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 New York. 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 53-year-old female who reported an injury on 01/13/1997. The mechanism of injury was not provided. On 08/11/2014, the injured worker presented with mid back and low back pain with radiation into the bilateral legs. She also had complaints of muscle spasm, numbness, tingling, and weakness. Current medications included Skelaxin, Dilaudid, Nucynta, fentanyl, trazodone, Zofran, Celebrex, Naprosyn, and tizanidine. Upon examination of the cervical spine, there was tenderness noted over the C3, C4, C5, and C6. There was a Spurling's maneuver causing pain in the muscles of the neck, with no radicular symptoms. There was tenderness noted to palpation over the lumbar spine along the lumbar paraspinals, especially around the L2-3 level. Decreased sensation to the bilateral L2-3 dermatome. The diagnoses were cervical facet syndrome, cervical pain, disc disorder of the cervical, thoracic pain in spine, and thoracic degenerative disc disease. The provider recommended fentanyl, Nucynta, and Dilaudid; 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 12MCG/HR PATCH, #10: Upheld

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

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

Decision rationale: The request for fentanyl 12 mcg/hour patch with a quantity of 10 is not medically necessary. The California MTUS does not recommend fentanyl patch as a first line therapy. Fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is a lack of documentation of the injured worker's failure to respond to other pain medications. There was a lack of documentation of chronic pain that would require continuous opioid analgesia. A complete and adequate pain assessment of the injured worker was not provided. As such, medical necessity has not been established.

NUCYNTA 50MG, #90: Upheld

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

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

Decision rationale: The request for Nucynta 50 mg with a quantity of 90 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

DILAUDID 4MG, #90: Upheld

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

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

Decision rationale: The request for Dilaudid 4 mg with a quantity of 90 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the

frequency of the medication in the request as submitted. As such, medical necessity has not been established.