

Case Number:	CM14-0114451		
Date Assigned:	08/04/2014	Date of Injury:	03/31/1995
Decision Date:	01/06/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Occupational 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:

Patient is a 60 year-old female with date of injury 03/31/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/02/2014, lists subjective complaints as pain in the low back with radicular symptoms to the right lower extremity. Objective findings: Examination of the lumbar spine revealed paraspinal muscle tenderness and decreased range of motion for flexion and extension. Trigger points were noted in the left PSIS area. Diagnosis: 1. Lumbosacral spondylosis 2. Cervical disc displacement 3. Myalgia and myositis 4. Constipation other 5. Spasm of muscle. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as five months. Medications: 1. Fentanyl DIS 100mc g/h, #30 SIG: apply 1 patch to skin 2. Oxycod/Apap tab 1-/325mg, #30 SIG: take 1 by mouth every 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 100MCG/H Day Supply: 30 Qty: 20 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines; Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 5 months. Fentanyl DIS 100MCG/H Day Supply: 30 Qty: 20 is not medically necessary.

Oxycod/Apap Tab 10-325mg day Supply: 30 Qty: 180 Refill: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is using fentanyl patches and oxycodone without documentation of the above. Oxycod/Apap Tab 10-325mg day Supply: 30 Qty: 180 is not medically necessary.