

Case Number:	CM14-0056073		
Date Assigned:	12/23/2014	Date of Injury:	04/05/1990
Decision Date:	01/29/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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 Rehab 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:

The underlying date of injury in this case is 04/05/1990. The date of the utilization review under appeal is 04/09/2014. On 04/23/2014, a treating physician followup note indicated the patient was totally disabled and had symptoms affecting his low back, with severe low back pain with left-sided sciatica. The patient was noted to have been on Norco 8 tablets daily for over 20 years and also had been on Fentanyl Patches for 5 years. The treating physician reported that these medications were working as well as other medications in the past, if not better, and the patient did not want to change the medications. The treating physician was getting concerned about the insurer trying to reduce the medication. The treating physician noted that the Norco reduces the patient's pain level from an 8/10 down to a 5/10 and that this lasts 4-6 hours and allows the patient to bathe, shower, eat meals at the table, and walk to the mailbox at times. On 12/08/2014, a very detailed treating physician note indicates the patient had a diagnosis of back pain as well as depression with a recent suicide attempt. That treating physician notes concern regarding the patient's overall medical history and finds that opioid treatment would be appropriate only in a direct supervised environment and notes that the patient may have comorbid fibromyalgia or primary hyperalgesia. Again, the treating physician notes that it would be necessary for the physician to receive records of the patient's imaging and completion of urine drug testing and have continued psychiatric supervision and clearance prior to proceeding with any outpatient opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, outline the four A's of opioid management, outlining the necessity of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An initial physician review concluded that the patient did not meet these four A's of opioid management. Subsequent treating physician notes after the initial physician review have confirmed that the patient's current treating pain physician does not recommend opioid treatment except with continuous psychiatric supervision and an overall substantial supervised environment. Overall, the medical records and treatment guidelines do not indicate that the four A's of opioid management have been met to support an indication for the requested opioid treatment. This request is not medically necessary.

Fentanyl 75mcg QTY: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Analgesics Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, outline the four A's of opioid management, outlining the necessity of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An initial physician review concluded that the patient did not meet these four A's of opioid management. Subsequent treating physician notes after the initial physician review have confirmed that the patient's current treating pain physician does not recommend opioid treatment except with continuous psychiatric supervision and an overall substantial supervised environment. Overall, the medical records and treatment guidelines do not indicate that the four A's of opioid management have been met to support an indication for the requested opioid treatment. This request is not medically necessary.