

Case Number:	CM15-0006412		
Date Assigned:	01/23/2015	Date of Injury:	04/12/2000
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male who reported an injury on 04/12/2000 after climbing a ladder. The injured worker reportedly sustained an injury to his low back. The injured worker was treated conservatively and ultimately underwent an L4-S1 fusion. The injured worker's postsurgical chronic pain was managed with multiple medications to include methadone hydrochloride 10 mg, fentanyl 75 mcg/hour every 48 hours, Lidoderm patches, baclofen 10 mg, Wellbutrin XL 300 mg, meloxicam 15 mg, Lopid 600 mg, clonazepam 0.5 mg, trazodone hydrochloride 50 mg, Mobic 7.5 mg, and cyclobenzaprine hydrochloride 10 mg. The injured worker's diagnoses included failed back syndrome, lumbar radiculopathy, facet arthropathy, lumbar sacroiliac joint dysfunction, and cervical radiculopathy. The injured worker was evaluated on 12/05/2014. It was noted that the injured worker obtained functional pain relief with the current medication schedule. It was noted that the injured worker was not a surgical candidate. It was noted that the injured worker had pain considered constant, ranging from a 7/10 to a 10/10. Physical findings included tenderness to palpation of the cervical spine with moderately limited range of motion secondary to pain. There was diffuse tenderness over the thoracic spine. There was moderate to severe tenderness over the lumbar spine facets, and sacroiliac joints with extremely painful range of motion and a positive straight leg raising test bilaterally. There was weakness noted in all extremities, and decreased sensation in the bilateral lower extremities. The injured worker had absent upper extremity reflexes, and absent bilateral ankle reflexes. The injured worker's treatment plan included a urine drug screen, a refill of

medications, and continuation of a home exercise program. A Request for Authorization dated 12/11/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mg; apply 1 every 48 hrs; #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl (Duragesic) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Fentanyl 75mg; apply 1 every 48 hrs; #15 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend fentanyl patches to assist with the management of chronic pain. However, continued use of opioids must be supported by documented functional benefit, assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. It is noted that the injured worker is able to maintain function with medication usage. However, there is no adequate assessment of the injured worker's pain relief to support continued use of this medication. As such, the requested Fentanyl 75mg; apply 1 every 48 hrs; #15 is not medically necessary or appropriate.

Methadone HCL 10mg tabs, 1 tab orally three times daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Methadone HCL 10mg tabs, 1 tab orally three times daily #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. It is also noted that the injured worker has functional benefit resulting from the use of medication. However, an adequate assessment of the injured worker's pain relief was not provided. It is noted that the injured worker has 7/10 to 10/10 pain that is described as constant. Therefore continued use of this medication would not be supported. As such, the requested methadone hydrochloride 10 mg tablets, 1 tablet orally 3 times a day #90 is not medically necessary or appropriate.

Baclofen 10mg tabs #90; with 3 refills, 1 tablet 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Baclofen 10mg tabs #90; with 3 refills, 1 tablet 2-3 times daily is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the long term use of muscle relaxants. The use of muscle relaxants should be limited to short term use of acute exacerbations of chronic pain. It is noted that the injured worker was previously prescribed this medication. This in combination with the requested prescription plus 3 refills would exceed guideline recommendations. There are no exceptional factors to support extending treatment beyond guideline recommendations. The clinical documentation does not provide an adequate assessment of pain relief to support continued use of this medication. As such, the requested Baclofen 10mg tabs #90; with 3 refills, 1 tablet 2-3 times daily is not medically necessary or appropriate.

Lidoderm 5% Patch; 1 patch every 12 hours max 2 per day; #30 with 3 refills: 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 Topical Analgesics Page(s): 112.

Decision rationale: The requested Lidoderm 5% Patch; 1 patch every 12 hours max 2 per day; #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend Lidoderm patches for management of chronic pain. However, continued use should be supported by adequate pain assessments and significant functional benefit. The clinical documentation does indicate that the injured worker has functional benefit resulting from the use of medications. However, there is not an adequate assessment of pain relief to support continued use. Additionally, the request is for 3 refills. This does not allow for timely reassessment of efficacy to support continued use. As such, the requested Lidoderm 5% Patch; 1 patch every 12 hours max 2 per day; #30 with 3 refills is not medically necessary or appropriate.

Wellbutrin XL 300mg #30 with 3 refills; 1 tablet daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

Decision rationale: The requested Wellbutrin XL 300mg #30 with 3 refills; 1 tablet daily is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, continued use should be supported by documented functional benefit and documentation of adequate pain relief. The clinical documentation submitted for review does indicate that the injured worker has functional benefit from medication usage. However, there is not an adequate assessment of pain relief provided to support continued use of these medications. Furthermore, the request as it is submitted is for 3 refills. This does not allow for timely reassessment and evaluation of efficacy. As such, the requested Wellbutrin XL 300mg #30 with 3 refills; 1 tablet daily is not medically necessary or appropriate.

Meloxicam 15mg; #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested Meloxicam 15mg; #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, continued use should be supported by an adequate assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does indicate that the injured worker has functional benefit resulting from medication usage. However, there was not an adequate pain assessment of the injured worker to support continued use. The clinical documentation notes that the injured worker has 7/10 pain to 10/10 pain that is considered constant. Therefore continued use would not be supported. Additionally, the request includes 3 refills. This does not allow for timely reassessment and evaluation for efficacy of treatment. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Meloxicam 15mg; #30 with 3 refills is not medically necessary or appropriate.