MAXIMUS Federal Services

Case Number:	CM15-0124605		
Date Assigned:	07/09/2015	Date of Injury:	09/19/2005
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal Medicine

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 62 year old female, who sustained an industrial injury on 9/19/05. The injured worker was diagnosed as having lumbar facet syndrome, osteoarthrosis, thoracic or lumbosacral neuritis or radiculitis, pain in shoulder joint, cervicalgia and lumbago. Treatment to date has included oral medications including Norco 10/325mg, Soma 350mg and Amitriptyline, topical Fentanyl 25mcg/hr patch, lumbar fusion and rotator cuff repair in 2006 and home exercise program. Currently on 5/13/15, the injured worker complains of increased pain in lower back since last visit with muscle spasms and weakness. She notes her medications continue to reduce her pain level with minimal side effects and she has improved function with activities of daily living. There is no documentation on 5/13/15 of intensity of pain, however on 2/19/15; she rated her pain as 5/10 with medications and 7/10 without medications, which was unchanged from previous visit. Work status is documented as unchanged. Physical exam performed on 2/19/15 revealed deep buttocks pain with internal rotation of the femur and restricted range of motion of right shoulder. A physical exam was not noted on 5/13/15. A request for authorization was submitted on 6/9/15 for Soma 350mg, amitriptyline 25mg, Fentanyl 25mcg/hr patch and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and function as a result of prescribing muscle relaxants and the injured worker noted increased pain since previous visit. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The injured worker had received Soma since at least 11/13/14. Medical necessity for the requested medication has not been established. The request for Soma is not medically necessary.

Amitriptyline Hydrochloride 25mg quantity 30 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Amitriptyline Hydrochloride Page(s): 13-15.

Decision rationale: CA MTUS guidelines recommend antidepressants such as Amitriptyline as a first-line option for neuropathic pain and a possibility for non-neuropathic pain. "Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Assessment of efficacy should include evaluation of pain, functional changes, documentation to support changes in other analgesic medications and assessment of sleep quality. It is noted the injured worker has received Amitriptyline since 2/19/15, the progress note dated 5/13/15 did not include a pain assessment, there is no documentation of neuropathic pain and the injured worker noted pain had increased since previous visit. The work status is repeatedly documented as unchanged. Therefore, due to lack of documentation to support the necessity of the medication and prolonged length of time it has been prescribed and utilized, the request for Amitriptyline is not medically necessary.

Fentanyl patch 25mcg/hr quantity 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl Page(s): 74-96.

Decision rationale: According to CA MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy on progress note dated 5/13/15. It is noted the injured worker has utilized Fentanyl since at least 11/13/14. Documentation does include notation of a signed opiate agreement and urine drug screen performed on 11/13/14 was appropriate. Work status is documented as unchanged. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Fentanyl is not medically necessary.

Norco 10/325mg quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the improved functional benefit and the injured worker noted her pain had increased since previous visit. The work status of the injured worker is consistently documented as unchanged. Documentation noted a signed opiate contract on file and urine drug screen performed on 11/13/14 was appropriate. The injured worker has received Norco since at least 11/13/14. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Norco is not medically necessary.