

Case Number:	CM15-0127810		
Date Assigned:	07/10/2015	Date of Injury:	11/19/1992
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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

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 57 year-old female, who sustained an industrial injury on November 19, 1992. Treatment to date has included MRI of the lumbar spine, physical therapy, epidural steroid injections, and medications. An evaluation on February 6, 2015 revealed the injured worker reported pain in the back. She rates her pain a 5 on a 10-point scale with medication and a 10 on a 10-point scale without medication. She reports that she uses rescue medications each day for adequate pain control and she walks with a cane/walker. On physical examination the injured worker has tenderness to palpation over the lumbosacral spine with paravertebral muscle spasm. She has a positive straight leg raise test on the right side at 60 degrees. The diagnoses associated with the request include lumbar disc disease, myalgia and fibromyalgia, and cervical disc disease. The treatment plan includes continued Duragesic patch, Soma, back brace and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 100mcg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic back pain that is rated a 4/10 with medications and a 10/10 without medications. The current request is for Duragesic patch 100mcg #10. There is a letter written by the patient dated 7/27/15 (3c) that states she is appealing the denial of her Duragesic and Soma. She states that she required emergency treatment at the hospital on 7/21/15 due to intolerable pain and the stress of performing her normal everyday living activities and not having her medications authorized. The patient also states that her treating physician fills out forms each month and that the insurance company might not be getting the forms. The utilization review denial on 6/16/15 states that there is no recent UDS and the MTUS morphine equivalent dosing exceeds the MTUS recommendation. In reviewing the 4 volumes of medical records provided, the most recent treating physician report is dated 4/11/14 (20c). The treating physician states that the patient walks with a cane/walker and is compliant and responsible with medication. There is a narcotic contract in chart and no side effects are noted. There are several hand written additions and subtractions to the report, but it is unclear who made these changes. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician reports submitted do not document that the patient has any functional benefit with medication usage. There is no discussion regarding ADLs with medication usage. There is no mention of CURES reports and there is some mention of a UDS in the patient's letter being conducted on 1/29/15. While the patient has appeared to have submitted all of the documentation that she had in her possession, there are no treating physician reports from 2015 provided. The MTUS guidelines require that the treating physician document the 4 As on a monthly basis for ongoing opioid usage. Based on the records submitted for review, the letters provided by the injured worker barely meets the requirement for functional improvement with opioid usage. Taking the bits and pieces of information in the medical records, the CA MTUS criteria for medical necessity has narrowly been met. The injured worker's time is best suited to insuring that his primary treating physician provides the documentation necessary for continued usage of opioids. The current request is medically necessary.

Duragesic patch 50mcg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic back pain that is rated a 4/10 with medications and a 10/10 without medications. The current request is for Duragesic patch 50mcg

#10. There is a letter written by the patient dated 7/27/15 (3c) that states she is appealing the denial of her Duragesic and Soma. She states that she required emergency treatment at the hospital on 7/21/15 due to intolerable pain and the stress of performing her normal everyday living activities and not having her medications authorized. The patient also states that her treating physician fills out forms each month and that the insurance company might not be getting the forms. The utilization review denial on 6/16/15 states that there is no recent UDS and the MTUS morphine equivalent dosing exceeds the MTUS recommendation. In reviewing the 4 volumes of medical records provided, the most recent treating physician report is dated 4/11/14 (20c). The treating physician states that the patient walks with a cane/walker and is compliant and responsible with medication. There is a narcotic contract in chart and no side effects are noted. There are several hand written additions and subtractions to the report, but it is unclear who made these changes. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician reports submitted do not document that the patient has any functional benefit with medication usage. There is no discussion regarding ADLs with medication usage. There is no mention of CURES reports and there is some mention of a UDS in the patient's letter being conducted on 1/29/15. While the patient has appeared to have submitted all of the documentation that she had in her possession, there are no treating physician reports from 2015 provided. The MTUS guidelines require that the treating physician document the 4 As on a monthly basis for ongoing opioid usage. Based on the records submitted for review, the letters provided by the injured worker barely meets the requirement for functional improvement with opioid usage. While there is minimal justification for the use of opioids, there is not enough medical evidence supporting the use of more than the recommended 120 morphine equivalents per day. Therefore, 100 mcg/h is justified but the additional 50 mcg/h is not medically necessary.

Soma 350#60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient presents with chronic back pain that is rated a 4/10 with medications and a 10/10 without medications. The current request is for Soma 350 #60. The treating physician has been prescribing this medication since at least 4/11/14. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use. Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The current request is not medically necessary.

