

Case Number:	CM15-0022908		
Date Assigned:	02/12/2015	Date of Injury:	07/26/2000
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 60-year-old female who reported a repetitive strain injury on 07/26/2000. The current diagnoses include chronic low back pain, history of lumbar fusion in 2007, chronic neck pain, bilateral shoulder pain, radiating symptoms to the right upper extremity, bone cancer of the right knee, status post total knee replacement on 02/28/2013, and status post above the knee amputation on the right on 11/21/2014. The injured worker presented on 01/05/2015 for a follow-up evaluation. The injured worker reported a decrease in pain level in the lower extremity following the above the knee amputation. The injured worker also reported an improvement in symptoms with the current medication regimen of Duragesic 25 mcg, Norco 10/325 mg, Lexapro 10 mg, Trazodone 50 mg and Robaxin 750 mg. Upon examination, there was swelling around the stump with tenderness in the lumbar region. The injured worker was utilizing a wheelchair for ambulation assistance. Recommendations at that time included continuation of the current medication regimen as well as a trial of TENS therapy for the lower back. The injured worker was pending authorization for Botox injections for the lumbar spine. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 1/5/2015 Duragesic patch 50mcg QTY: 15.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-82.

Decision rationale: California MTUS Guidelines do not recommend fentanyl transdermal system as a first line therapy. It is indicated in the management of chronic pain in patients who requiring continuous opioid analgesia for pain that cannot be managed by other means. In this case, it is noted that the injured worker is also utilizing Norco 10/325 mg up to 4 times per day. There is no indication that this injured worker requires continuous opioid analgesia with Duragesic of transdermal system. Additionally, it is also noted that the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There is also no documentation of a written consent or agreement for chronic use of an opioid. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

Retrospective DOS: 1/5/2015 Robaxin 750mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 09/2014. Guidelines do not support long term use of muscle relaxants. There was no objective evidence of spasticity or palpable muscle spasm. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

TENS Unit Trial (Days) QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality. A 1 month trial should be documented prior to a unit purchase. In this case, there was no evidence of a failure of other appropriate pain

modalities. Therefore, the request for a TENS unit trial would not be supported at this time. As such, the request is not medically appropriate.