

Case Number:	CM15-0061443		
Date Assigned:	04/07/2015	Date of Injury:	07/14/1992
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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 47-year-old male who reported an injury on 07/14/1992. The mechanism of injury reportedly occurred when the injured worker slipped on an oil bed of a truck and came down on his tailbone. His diagnoses included lumbar disc disease, radiculitis and postlumbar laminectomy syndrome. Past treatments include medications. On 01/21/2015, the patient was seen for an evaluation. He reported increased pain and tenderness over the SI joints. He indicated that the fentanyl patch provides 2 days relief. Physical examination revealed tenderness over the bilateral paraspinous with spasms and tenderness to palpation over the thoracic spine from T7-12. Lumbar range of motion was 15 degrees of flexion, 20 degrees of extension and 15 degrees of bilateral lateral bending. Diminished reflexes of the bilateral knees and ankles, positive straight leg raise bilaterally, decreased sensation and weakness of the bilateral lower extremities was also noted. Current medications were noted to include Norco 10/325 mg taken every 6 hours, Prilosec 20 mg taken twice a day, orphenadrine 100 mg taken twice a day, fentanyl patch applied every 72 hours, Lyrica 150 mg taken 3 times a day, Cialis 10 mg taken at bedtime and Xanax 0.5 mg. The treatment plan included medications. The rationale for the request was not specified and the Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg, #10: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend fentanyl patches as a first line therapy, as the fentanyl patch is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The clinical information indicated the injured worker he has been using fentanyl patches since at least 10/07/2014 as well as other medications including opioids. However, there was no documentation with quantified evidence of functional improvement or pain relief indicated by a decrease in numerical pain score with the use of the patch. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Fentanyl Patch 25mcg, #10 is not medically necessary.

Fentanyl Patch 14mcg, #10 (DND 044/12/2015): Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend fentanyl patches as a first line therapy, as the fentanyl patch is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The clinical information indicated the injured worker he has been using fentanyl patches since at least 10/07/2014 as well as other medications including opioids. However, there was no documentation with quantified evidence of functional improvement or pain relief indicated by a decrease in numerical pain score with the use of the patch. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Fentanyl Patch 14mcg, #10 (DND 044/12/2015) is not medically necessary.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78, 124.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring in chronic pain patients on opioids, including pain

relief, side effects, physical and psychosocial function, the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the patient has been taking Norco since at least 10/07/2014. In addition, urine drug screen reports dated 10/20/2014 and 01/29/2015 indicated consistent medication use. However, there was no documentation with quantified numerical pain relief, increase in physical and psychosocial function or the documentation of side effects with use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Norco 10/325mg, #120 is not medically necessary.

Norco 10/325mg, #120 (DND 04/12/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78, 124.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring in chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial function, the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the patient has been taking Norco since at least 10/07/2014. In addition, urine drug screen reports dated 10/20/2014 and 01/29/2015 indicated consistent medication use. However, there was no documentation with quantified numerical pain relief, increase in physical and psychosocial function or the documentation of side effects with use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Norco 10/325mg, #120 (DND 04/12/2015) is not medically necessary.

Xanax 0.5mg , #45, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long-term use of benzodiazepine as efficacy is unproven and there is risk for dependence. The clinical information indicated the injured worker has been using Xanax since at least 10/20/2014. However, there was no documentation with evidence of quantified functional improvement with the use of the medication. In addition, as the guidelines do not recommend long-term use, the request is not supported. Therefore, the request for Xanax 0.5mg, #45, 1 refill is not medically necessary.