

Case Number:	CM15-0063687		
Date Assigned:	04/09/2015	Date of Injury:	03/31/2010
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on March 31, 2010. The injured worker was diagnosed as having status post lumbar spine surgery and lumbosacral radiculopathy. Treatment to date has included chiropractic therapy and medications including topical opioid, oral opioid, and muscle relaxant. On February 18, 2015, the injured worker complains of chronic lumbar spine pain. His pain is 6-7 out of 10 on a verbal analogue scale. His is currently using topical opioid, oral opioid, and muscle relaxant medications. The physical exam revealed paravertebral muscles spasm and tenderness of the lumbar spine, decreased range of motion, on flexion and extension, and dysesthesia on the bilateral lumbar 4, lumbar 5, and sacral 1 dermatomal distributions. His has an antalgic gait and uses a single pointed cane. The treatment plan includes continuing his oral and topical opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fentanyl patches 25mcg, #15 (DOS: 2/18/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Fentanyl, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Fentanyl is not recommended as first line therapy. The medical record in this case demonstrates ongoing pain despite medication use, no failure of any first line therapy and side effects of medication use. Therefore, the record does not support medical necessity of ongoing opioid therapy with Fentanyl. The request is not medically necessary.

Retrospective Norco 10mg, #120 (DOS: 2/18/15): 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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents continued pain despite medication use and opioid side effects. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco, and the request is not medically necessary.

Retrospective Soma unspecified dosage, #90 (DOS: 2/18/15): 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 Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.