MAXIMUS Federal Services

Case Number:	CM15-0074552		
Date Assigned:	04/24/2015	Date of Injury:	10/21/1998
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, Texas
Certification(s)/Specialty: 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 67 year old female, who sustained an industrial injury on 10/21/1998. The medical records submitted for this review did not include the details regarding the initial injury and prior treatments to date. Diagnoses include low back pain, degenerative disc disease, radiculitis, chronic pain syndrome, and shoulder pain. Currently, she complained of continued low back pain with radiation to the lower extremity. She complained of bilateral foot pain and pain in the left shoulder. Pain was rated 10/10 without medication and 5/10 with medication. On 3/9/15, the physical examination documented pain with the straight leg raising test. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12 mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: According to the MTUS, management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain control. In this case the documentation doesn't support that the patient has had meaningful improvement in function or pain control while taking this medication. The patient continues to require medications for breakthrough pain frequently. The continued use of Fentanyl is not medically necessary.

Norco 10/325mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had meaningful improvement in function or pain control while taking this medication. The request is not medically necessary.