

Case Number:	CM15-0096033		
Date Assigned:	05/26/2015	Date of Injury:	06/26/2001
Decision Date:	06/26/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 47-year-old female who sustained an industrial injury on 06/01/2001. Mechanism of injury was not documented. Diagnoses include brachial neuritis or radiculitis, cervical spondylosis, and status post anterior and posterior cervical fusion and status post cervical fusion and decompression. Treatment to date has included diagnostic studies, medications, surgery, Transcutaneous Electrical Nerve Stimulation unit, and injections. A physician progress note dated 05/04/2015 documents the injured worker presents for interval follow up and prescription refilling. She continues to have chronic neck pain and low back pain. The medications provide her with pain relief and preservation of functional capacity. She rates her pain as 6 out of 10 and has pain in the mid back and neck pain radiating to the left arm. Pain is described as aching, radiating and sore. She complains of a headache. There is tenderness throughout her posterior cervical and occipital regions. There is limited range of motion in the cervical and lumbar spine. The treatment plan included refilling of her regular medications, which include Fentanyl, Lunesta, Morphine ER, Norco, Soma, and Valium. The injured worker is in the process of obtaining a neurosurgical consultation. The 4 A's are monitored; she has been on Opioids for greater than 6 months. Treatment requested is for Fentanyl 75 mcg/hr transdermal patch, Qty 15, Norco 10/325 mg Qty 120, Soma 350 mg Qty 180, and Valium 5 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 mcg/hr transdermal patch, Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Duragesic (fentanyl transdermal system) Page(s): 74-95, 124; 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-827 Page(s): 78-82.

Decision rationale: The requested Fentanyl 75 mcg/hr transdermal patch, Qty 15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continues to have chronic neck pain and low back pain. The medications provide her with pain relief and preservation of functional capacity. She rates her pain as 6 out of 10 and has pain in the mid back and neck pain radiating to the left arm. Pain is described as aching, radiating and sore. She complains of a headache. There is tenderness throughout her posterior cervical and occipital regions. There is limited range of motion in the cervical and lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Fentanyl 75 mcg/hr transdermal patch, Qty 15 is not medically necessary.

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg Qty 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continues to have chronic neck pain and low back pain. The medications provide her with pain relief and preservation of functional capacity. She rates her pain as 6 out of 10 and has pain in the mid back and neck pain radiating to the left arm. Pain is described as aching, radiating and sore. She complains of a headache. There is tenderness throughout her posterior cervical and occipital regions. There is limited range of motion in the cervical and lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration

of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg Qty 120 is not medically necessary.

Soma 350 mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

Decision rationale: The requested Soma 350 mg Qty 180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker continues to have chronic neck pain and low back pain. The medications provide her with pain relief and preservation of functional capacity. She rates her pain as 6 out of 10 and has pain in the mid back and neck pain radiating to the left arm. Pain is described as aching, radiating and sore. She complains of a headache. There is tenderness throughout her posterior cervical and occipital regions. There is limited range of motion in the cervical and lumbar spine. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg Qty 180 is not medically necessary.

Valium 5 mg Qty 60: Upheld

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

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

Decision rationale: The requested Valium 5 mg Qty 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker continues to have chronic neck pain and low back pain. The medications provide her with pain relief and preservation of functional capacity. She rates her pain as 6 out of 10 and has pain in the mid back and neck pain radiating to the left arm. Pain is described as aching, radiating and sore. She complains of a headache. There is tenderness throughout her posterior cervical and occipital regions. There is limited range of motion in the cervical and lumbar spine. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 5 mg Qty 60 is not medically necessary.