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| Case Number: | CM15-0096308 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 05/13/1989 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 04/15/2015 |
| 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: Arizona, California
 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 51 year old male who sustained an industrial injury on 05/13/1989 resulting in low back and neck injury. Treatment provided to date has included: physical therapy (6 sessions); lumbar injections (8); and massage therapy. Diagnostic tests performed include: the most recent MRI of the lumbar spine (11/02/2010) showing degenerative disc changes, disc dehydration, annulus tears, and some mild broad posterior disc bulges without canal stenosis and very mild foraminal narrowing at L4-5 without evidence of nerve root impingement. Other testing included a MRI of the cervical spine, urine drug screenings and laboratory testing, and electrodiagnostic testing of the lower extremities. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 11/04/2014, physician progress report noted complaints of low back pain. Pain is rated as 7 (0-10) with medications and 10 (0-10) without medications. There were no noted changes in pain rating from previous exam findings. The injured worker noted that his sleep quality was fair, and that there were no new problems or side-effects from medications. It was also noted that the injured worker was not trying any other therapies for pain relief. The injured worker reported that the brand name Duragesic patch was more effective than the generic brand and that the generic brand had caused a rash. Current medications included Duragesic patch, Gabapentin, Cymbalta, Trazodone, Amitiza, and Norco. How long the injured worker had been on these medications was not mentioned. This report stated that the following prescribed medications were denied: Zegerid, Trazodone, Miralax and Senna. It was also noted that the injured worker was unable to purchase these medications out of pocket: Nuvigil, Zegerid, Xanax, Viagra, Lidoderm patch and Zanaflex. The physical exam

revealed an antalgic gait without the use of assistive devices, restricted range of motion in the lumbar spine; tenderness, spasms, tight muscle bands and hypertonicity to palpation of the paravertebral musculature of the lumbar spine; positive facet loading bilaterally; positive straight leg raises bilaterally; tenderness over the sacroiliac joint; 1/4 ankle jerk bilaterally and 2/4 patellar jerk bilaterally. The provider noted diagnoses of lumbar disc disorder and low back pain. The injured worker's work status remained permanent and stationary. Plan of care includes a continued medications, pending request for psychiatric and psychological evaluation and treatment, and follow-up. Requested treatments include: hydrocodone/APAP and Duragesic DIS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10-325mg day supply: 30 qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 98-99.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone an unknown length of time in combination with Duragesic. There was no mention of Tricyclic, Tylenol or weaning failure. There was only a 3 point reduction in pain level with combined opioid use. The continued use of Hydrocodone is not medically necessary.

Duragesic DIS 75mcg/hr day supply: 30 qty: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 47.

Decision rationale: According to the guidelines, Duragesic is an opioid analgesic with a potency eighty times that of morphine. Duragesic is not recommended as a first-line therapy. The FDA- approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Hydrocodone. The claimant had been on the medications for months but unknown specific length of time. Failure of other long-actibg opioids, Tricyclic or weaning trial was not mentioned. There was only a 3 point reduction in pain scale due to Duragesic and Hydrocodone. Continued use of Duragesic is not justified and not medically necessary.