

Case Number:	CM15-0098353		
Date Assigned:	05/29/2015	Date of Injury:	02/12/2008
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 50 year old female, who sustained an industrial injury on 2/12/08. The injured worker was diagnosed as having cervical disc degeneration, cervical radiculopathy, status post cervical spinal fusion, thoracic facet arthropathy, thoracic radiculitis, chronic pain, lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy, lumbar spinal stenosis, gastritis and medication related dyspepsia. Treatment to date has included oral medications including Doxepin, Omeprazole, Senna, Norco, Ibuprofen and Gabapentin and transdermal medications including Fentanyl patch. Currently, the injured worker complains of neck pain with radiation down bilateral upper extremities, thoracic back pain with radiation to chest wall on both sides and low back pain with radiation down the bilateral lower extremities; she rates the pain as 5-10 with medications with medications and 8/10 without medications. She notes the pain is unchanged since previous visit and also complains of insomnia associated with ongoing pain. She is currently not working. Physical exam noted spasm in bilateral paraspinal muscles of thoracic area with tenderness in bilateral paravertebral region and myofascial trigger points, decreased sensation to touch is noted bilaterally; tenderness is noted upon palpation in the paravertebral area of lumbar spine at L4-5 with moderately limited range of motion of lumbar spine and tenderness was noted on palpation of right lower extremity with decreased sensation to right lower extremity. A request for authorization was submitted for Norco, Fentanyl patch, doxepin, Neurontin, Ibuprofen, Norco and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12 mcg hr patch #10 30 days DOS 4/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal system) - Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duragesic (Fentanyl Transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Doxepin 10mg #90 days DOS 4/15/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Anti-depressants Page(s): 122.

Decision rationale: MTUS recommends tricyclic anti-depressants unless ineffective or poorly tolerated. An initial physician review states that there is no documented evidence of objective functional improvement; however, MTUS recommends this medication class for subjective pain relief or improvement in sleep (which is documented) as well as for functional goals. Particularly given a recommendation to discontinue opioids, continued non-opioid treatment options are recommended. This request is medically necessary.

Norco (Hydrocodone) 10/325mg #90 30 days DOS 4/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management for Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this

case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Ibuprofen 800mg#180 90 days DOS 4/15/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as first-line treatment for musculoskeletal pain. An initial physician review states that there is no documented evidence of objective functional improvement; however, MTUS recommends this medication class for subjective pain relief or improvement in sleep (which is documented) as well as for functional goals. Particularly given a recommendation to discontinue opioids, continued non-opioid treatment options are recommended. This request is medically necessary.