

Case Number:	CM14-0148863		
Date Assigned:	09/18/2014	Date of Injury:	04/30/2002
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old female who reported an injury on 04/30/2002. The mechanism of injury was not provided. The specific surgical history was not provided; however, it was indicated the injured worker underwent lumbar spine surgery. The diagnostic studies were not provided. The injured worker's medications were noted to include Norco 10/325 mg and Duragesic 25 mcg as of 11/2013. The injured worker's diagnoses included chronic pain syndrome, chronic low back pain, failed back surgery syndrome, lumbar radiculopathy at the L2-3 level bilaterally, anxiety and depression secondary to industrial injury, acute flare up of lumbar spine pain, chronic neuropathic pain in the bilateral extremities, insomnia secondary to pain and stress, obesity, herniated nucleus pulposus at L1 through S1, and depression secondary to chronic pain. The documentation of 08/06/2014 revealed the injured worker had subjective complaints of constant neck and low back pain rated 8/10 without medications. The injured worker indicated her current medications included Ambien, Fentanyl, Norco, Senna, and Colace which provided 70% relief with increased activities of daily living. The injured worker experienced constipation with medications. The prior therapies were not provided. The physical examination revealed the injured worker had a positive Spurling's bilaterally. The cervical compression test was positive on the right. The treatment plan included a refill of Ambien 10 mg 1 at bedtime for sleep, Norco 10/325 mg 1 PO BID as needed for pain, Senna 8.6 mg 2 PO BID, Colace 100 mg 2 PO BID as needed for constipation, and Duragesic 25 mcg apply 2 patches every 72 hours #20. Additionally, the request was made for a urine drug screen. There was no request for authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications since at least 11/2013. The injured worker indicated that her pain was 8/10 without medications. However, there was a lack of documentation indicating an objective decrease in pain with medications. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

Duragesic 25mcg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications since at least 11/2013. The injured worker indicated that her pain was 8/10 without medications. However, there was a lack of documentation indicating an objective decrease in pain with medications. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic 25 mc #20 is not medically necessary.