

Case Number:	CM14-0148869		
Date Assigned:	09/18/2014	Date of Injury:	06/12/2003
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
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 Texas and Oklahoma. 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 48-year-old female who reported an injury on 06/12/2003 secondary to a motor vehicle accident. Current diagnoses include chronic low back pain, chronic neck pain, history of left knee surgery, history of right shoulder surgery, bilateral hand/wrist symptoms, and right knee pain. Previous conservative treatment is noted to include medication management, physical therapy, epidural steroid injection, and home exercise. The injured worker was evaluated on 07/29/2014 with complaints of persistent neck, back, and knee pain. The current medication regimen includes Duragesic 50 mcg, Norco 10/325 mg, Reglan 10 mg, and Effexor ER 75 mg. Physical examination revealed no acute distress. Treatment recommendations included continuation of the current medication regimen. It was also noted that the injured worker's random urine drug screen obtained in the office indicated negative findings for Norco and Duragesic. A request for authorization form was submitted on 08/1/2014 for fentanyl, Norco, Reglan, Xanax, and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Duragesic (Fentanyl) patch 50mcg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-82.

Decision rationale: California MTUS Guidelines state Duragesic is not recommended as a first line therapy. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker has continuously utilized this medication since 07/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Prescription of Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 10/2012. There was no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.

Prescription of Reglan 10mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetic.

Decision rationale: The Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The injured worker has continuously utilized this medication. There is no documentation of chronic nausea and vomiting. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.

Prescription of Effexor ER 75mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines recommend Effexor as an option in first line treatment of neuropathic pain. There is no documentation of neuropathic pain upon physical examination. The injured worker has continuously utilized this medication since 08/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.