

Case Number:	CM13-0006140		
Date Assigned:	06/06/2014	Date of Injury:	04/22/2010
Decision Date:	07/31/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/02/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 63 year old male injured worker with date of injury 4/22/10 with related low back pain. Per the progress report dated 5/28/13, pain was described as sharp, stabbing, burning, and constant. The injured worker reported that the pain radiated into the left leg, that the ball of the right foot was always numb and tingling. Paresthesia and weakness were noted. He is status post L2-L5 spinal fusion, left sided hemi laminectomy (date not specified). An MRI of the lumbar spine dated 3/29/12 revealed: I) Interpedicle screws extend from L2 to L5 bilaterally with stabilizing rods in place. II). At the L1-2 disc space, above the fusion, there is evidence of a 4mm diffuse bulge in the annulus with minimal subarticular and proximal lateral recess stenosis. There is no central canal stenosis. There is minimal bilateral foraminal stenosis, findings relatively stable in comparison to the previous study. III). A1 the L2-3 disc space, a (R) paramedian anterior fusion graft is in place. There is a right sided laminectomy. Interpedicle screws are noted. There is no central or foraminal stenosis. IV) At the L3-4 disc space, Interpedicle screws and stabilizing rods are in place. There is adequate decompression of the thecal sac following laminectomy and medial facetectomy. There is no meningocele formation, foraminal stenosis or interval change. V) At the L4-5 disc space, there is a wide decompressive laminectomy, medial facetectomy having been performed. There is adequate decompression of the thecal sac and lateral recess. Interpedicle screws are in place. Posterior osseous fusion is suspected. Right lateral spondylosis with minimal right L4 foraminal stenosis is a stable finding. There is no meningocele formation. He has been treated with surgery, injections, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone /APAP 10/325mg (with 3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: The California MTUS states, regarding Duragesic, that it is not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. Per the MTUS Chronic Pain Medical Treatment Guidelines, page 78, regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records revealed no documentation to support the medical necessity of fentanyl patches or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS - urine drug screening, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were present in the form of UDS. The UDS dated 2/13/13 was inconsistent with prescribed medications, bupropion was detected and was not prescribed; opiates were appropriate. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, Hydrocodone/APAP 10/325mg is not medically necessary.

Retrospective Fentanyl Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS states, regarding Duragesic, that it is not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. Per the

MTUS Chronic Pain Medical Treatment Guidelines, page 78, regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records revealed no documentation to support the medical necessity of fentanyl patches or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS - urine drug screening, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were present in the form of UDS. The UDS dated 2/13/13 was inconsistent with prescribed medications, bupropion was detected and was not prescribed; opiates were appropriate. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the Fentanyl Patch is not medically necessary.

Retrospective Percocet 180mg (1-2 tabs every 4-6 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: The California MTUS states, regarding Duragesic, that it is not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. Per the MTUS Chronic Pain Medical Treatment Guidelines, page 78, regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records revealed no documentation to support the medical necessity of fentanyl patches or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation

and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS - urine drug screening, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were present in the form of UDS. The UDS dated 2/13/13 was inconsistent with prescribed medications, bupropion was detected and was not prescribed; opiates were appropriate. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, Percocet 180MG is not medically necessary.