

Case Number:	CM13-0036779		
Date Assigned:	12/13/2013	Date of Injury:	04/06/1989
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 male patient with the date of injury of April 6, 1989. A utilization review determination dated October 2, 2013 recommends, and modified certification of Percocet 10/325 mg and modified certification of Duragesic 100 µg patch, "to assist in safely weaning off opioids." An appeal letter dated October 23, 2013 states, "the patient has intractable pain which is been controlled with his current medications." A progress report dated November 30 20 to identify subjective complaints indicating that the patient has worsening pain and weakness of the right arm. The patients "intractable lower back pain is well controlled with his current medications and he has been able to perform activities of daily living well. His neck pain has varied from 6-8/10 on a pain scale of 1-10 without medications." Objective findings identify reduced range of motion in the cervical and thoracic spine with trigger points identified throughout the thoracic and lumbar spine. Sensation is reduced in the left L5 and S1 dermatomal regions. Diagnoses include status post surgery of the cervical spine with radicular features, chronic myofascial pain, right shoulder injury, opioid tolerance, worsening of pain, numbness, and weakness of right upper extremity due to brachial plexus up at the. Treatment plan recommends trigger point injection, and request for EMG nerve conduction study. Medications include Duragesic 100 µg patch every 2 days #15, Percocet 10/325 mg every 6 hours #120. Requesting physician also recommends a urine drug screen. The note indicates that the patient is greater than 50% relief of pain with the prescribed medication and that the patient's ability to function is significantly improved with the medication with no evidence of abuse, diversion, or hoarding. The note indicates that urine drug screens have been performed. A urine drug screen dated September 19, 2013 is positive for Oxycodone and negative for Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria of Use Section Page(s): 76-79.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has indicated that the patient has 50% relief of pain with the currently prescribed medication, improved ability to function, no evidence of aberrant use, and no indication of intolerable side effects. As such, the currently requested Percocet is medically necessary.

Duragesic 100mcg patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria of Use Section Page(s): 76-79.

Decision rationale: Regarding the request for Fentanyl, California Pain Medical Treatment Guidelines state that Fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has indicated that the patient has 50% relief of pain with the currently prescribed medication, improved ability to function, and no indication of intolerable side effects. However, urine drug screens have returned negative for Fentanyl. This suggests the possibility that the prescribed Fentanyl is either not being used or potentially being diverted. The requesting physician has not addressed this issue. This issue should be addressed prior to providing any future Fentanyl prescriptions. Therefore, the currently requested Fentanyl patch is not medically necessary.