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| Case Number: | CM13-0061156 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/24/1991 |
| Decision Date: | 04/09/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 75 year old male patient who reported an injury on 12/24/1991; the mechanism of injury was that the patient had fallen down stairs. On physical examination, 11/12/2013, the patient indicated complaints of neck, hip, and low back pain. Pain was rated 9/10 and the patient had recently fallen in a bathtub striking the left hip. Medications listed were Fentanyl, OxyContin, Oxycodone, Celebrex, and Aciphex. The patient reported having a spinal cord stimulator removed on 09/06/2012 and has undergone a functional multidisciplinary pain program. Objectively, there was tenderness to palpation over the iliolumbar and superior trapezius. There was limited abduction to the left shoulder. The patient was having iliolumbar tenderness with limited flexion at the waist to knee and on extension. Treatment plan was for Fentanyl 100 mcg patches every 2 days, OxyContin 60 mg 4 times a day, and Oxycodone 30 mg every 4 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg - one (1) patch every two (2) days, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragestic, Fentanyl transdermal system Page(s): 44.

Decision rationale: The CA MTUS Guidelines state "Not recommended as a first-line therapy. The FDA-approved product labeling states that 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 request for Fentanyl 100 mcg 1 patch every 2 days #15 is non-certified. On 11/12/2013, the patient presented for a physical exam and a urine drug screen indicated that medications were consistent with treatment. However, the California MTUS Guidelines state Fentanyl is not recommended as a first-line therapy for the management of chronic pain. As such, the request is non-certified.

Oxycodone HCL 30mg tab, one (1) every four (4) hours, #120: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state "OxyContin® Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are NOT intended for use as a PRN analgesic." The request for OxyContin 60 mg tab, once 4 times a day #120 is non-certified. The patient was seen on 11/12/2013 and objective findings were tenderness over the iliolumbar and superior trapezius. The patient's left shoulder was still limited in abduction and was having iliolumbar tenderness with limited flexion at the waist to knee and on extension. California MTUS Guidelines state OxyContin is recommended for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed; however, not recommended for long term use. As such, the request is non-certified.

Oxycodone HCL 30mg tab, one (1) every four (4) hours, #120: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state "Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are NOT intended for use as a PRN analgesic." Objective findings on 11/12/2013 indicated the patient had tenderness to palpation over the superior trapezius and levator scapulae on movement. There was tenderness over the iliolumbar and superior trapezius. The left shoulder was limited in abduction and the patient was having iliolumbar tenderness with limited flexion at the knee and on extension. California MTUS Guidelines state Oxycodone is indicated for the management of moderate to severe pain

when a continuous, around-the-clock analgesic is needed. Ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors is recommended. Given the long-term use, the request is not supported. As such, the request is non-certified.