

Case Number:	CM13-0067851		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2000
Decision Date:	06/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and 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 58-year-old female who reported an injury on 10/26/2000, with the mechanism of injury unclear in the documentation provided. In the clinical note dated 11/21/2013, the injured worker complained of neck pain and right hip pain. It was noted that the injured worker had been under a lot of stress and that the neck pain had been aggravated, which caused increased headaches. It was noted that the Fiorinal worked at relieving the injured worker's headaches. Upon the physical examination of the cervical spine, the range of motion was noted as discomfort with extension and rotation. The physical examination of the SI joint and greater trochanter showed tenderness to the right side. The diagnoses included left cervical facet pain and right lumbar facet pain. The treatment plan included prescribed medications of Dilaudid 8 mg 1 every 4 to 6 hours as needed for breakthrough pain #120, Fentanyl 100 mcg/hr 1 patch every 48 hours for around-the-clock pain control #15 and Fiorinal 50/325/40 mg 3 times a day for headaches #60. The injured worker was to follow-up in 30 days. The Request for Authorization for the prescribed medications of Dilaudid 8 mg 1 every 4 to 6 hours as needed for breakthrough pain #120 and Fentanyl 100 mcg/hr 1 patch every 48 hours for around-the-clock pain control #15 was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FENTANYL 100MCG/HOUR PATCH EVERY 48 HOURS #15
DISPENSED ON 9/30/2013: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 78.

Decision rationale: The request for Fentanyl 100 mcg/hour patch every 48 hours #15 is non-certified. The California MTUS Guidelines state that Fentanyl (duragesic patch) is not recommended as a first-line therapy. Fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines also state that ongoing monitoring of chronic pain patients on opioids should reveal pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. For analgesic dose, the previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25 mcg/h. Patches are worn for a 72 hour period. In the clinical notes provided for review, the documentation lacked evidence of the injured worker participating in any physical therapy or a home exercise program or the use of NSAIDs. There has only been documentation of the injured worker being prescribed second line medication therapy with the rationale unclear. The clinical notes also lacked documentation of ongoing monitoring of the injured worker's level of pain relief, side effects related to the medication and physical functioning. There was a lack of documentation indicating the injured worker has significant improvement in function with the medication. It is unclear in the documentation provided as to why there have not been other means of pain control for the management of the injured worker's chronic pain. Also, the request for Fentanyl 100 mcg/hr exceeds the recommended analgesic dose of Fentanyl 25 mcg/hr for a 72 hour period. Therefore, the request for Fentanyl 100 mcg/hr patch every 48 hours #15 is not medically necessary.

RETROSPECTIVE DILAUDID EVERY 4-6HRS AS NEEDED FOR BREAKTHROUGH PAIN #120 DISPENSED ON 09/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 78, 80, 93.

Decision rationale: The request for Dilaudid every 4 to 6 hours as needed for breakthrough pain #120 is non-certified. The California MTUS Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The guidelines also state that ongoing monitoring of chronic pain patients on opioids should reveal pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines recommend the dosing of Dilaudid as 2 mg to 4 mg by mouth every 4 to 6 hours. A gradual increase may be required if tolerance develops. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain relief, side effects, physical functioning and the occurrence of any potentially aberrant drug-

related behaviors. It was noted in the clinical documentation that the injured worker has been prescribed Dilaudid for over 5 months and the guidelines state that there are no trials of long-term use. It is also unclear if the injured worker had tried any conservative therapies. The request also does not indicate the dosage and duration for the use of Dilaudid. Therefore, the request for Dilaudid every 4 to 6 hours as needed for breakthrough pain #120 is not medically necessary.

RETROSPECTIVE DILAUDID 8MG EVERY 4-6 HOURS AS NEEDED FOR BREAKTHROUGH PAIN #30 DISPENSED ON 9/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 78, 80, 93.

Decision rationale: The request for Dilaudid 8 mg every 4 to 6 hours as needed for breakthrough pain #30 is non-certified. The California MTUS Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The guidelines also state that ongoing monitoring of chronic pain patients on opioids should reveal pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines recommend the dosing of Dilaudid as 2 mg to 4 mg by mouth every 4 to 6 hours. A gradual increase may be required if tolerance develops. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain relief, side effects, physical functioning and the occurrence of any potentially aberrant drug-related behaviors. It was noted in the clinical documentation that the injured worker has been prescribed Dilaudid for over 5 months and the guidelines state that there are no trials of long-term use. It is also unclear if the injured worker had tried any conservative therapies. The request for Dilaudid 8 mg every 4 to 6 hours exceeds the recommendation of Dilaudid 2 mg to 4 mg every 4 to 6 hours. Therefore, the request for Dilaudid 8 mg every 4 to 6 hours as needed for breakthrough pain #30 is not medically necessary.