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| <b>Case Number:</b>   | CM14-0000341 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 09/09/1997 |
| <b>Decision Date:</b> | 04/22/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2014 |

### 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 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 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 male patient with the date of injury of September 9, 1997. A utilization review determination dated December 26, 2013 recommends non-certification of Fentanyl Patch 100mcg, #30, Fentanyl Patch 50mcg, #15, and OxyContin 40mg, #90. The previous reviewing physician recommended non-certification of repeat neurotomy of the bilateral L2-L3 median branch blocks between 11/20/2013 and 2/3/2014 due to lack of documentation of Fentanyl Patch 100mcg, #30, Fentanyl Patch 50mcg, #15, and OxyContin 40mg, #90 due to the patient having a traumatic brain injury for which the use of opiates is not supported since opiates can cause more Final Determination Letter for IMR Case Number [REDACTED] cerebral dysfunction and lack of indication of benefit, functional improvement or corroboration of usage as there are no urine drug screen (UDS) documented. A Progress Report dated December 12, 2013 identifies Subjective Complaints of headaches unchanged, still communicating in writing, the rest is illegible due to handwritten note. Objective Findings identify unable to walk, the rest is also illegible. The diagnoses identify closed head injury, traumatic brain injury, the rest is illegible. The treatment plan identifies continue Fentanyl Patch and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCH 100mMCG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44 and 47.

**Decision rationale:** Regarding the request for Fentanyl patch 100mcg, #30, Chronic Pain Medical Treatment Guidelines state that Fentanyl is not recommended as a first-line therapy. The MTUS guidelines also state it is indicated in the management of chronic pain in patients who require continuous opioids analgesia for pain that cannot be managed by other means. Within the medical information made available for review, there is documentation of chronic pain. However, as OxyContin is also being requested, there is no mention of failure of first-line therapy. There is no indication that the patient's chronic pain requires continuous opioids analgesia and the pain cannot be managed by other means. In the absence of such information, the currently requested Fentanyl patch 100mcg, #30 is not medically necessary.

**FENTANYL PATCH 50MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44 and 47.

**Decision rationale:** Regarding the request for Fentanyl patch 50mcg, #15, the Chronic Pain Medical Treatment Guidelines state Fentanyl is not recommended as a first-line therapy. The MTUS guidelines also state it is indicated in the management of chronic pain in patients who require continuous opioids analgesia for pain that cannot be managed by other means. Within the medical information made available for review, there is documentation of chronic pain. However, as Oxycontin is also being requested, there is no mention of failure of first-line therapy. There is no indication that the patient's chronic pain requires continuous opioids analgesia and the pain cannot be managed by other means. In the absence of such information, the currently requested Fentanyl patch 50mcg, #15 is not medically necessary.

**OXYCONTIN 40MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Oxycontin 40mg, #90, the California Pain Medical Treatment Guidelines state that Oxycontin 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. The MTUS guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no

indication that the Oxycontin is improving the patient's function or pain (in terms of percent reduction in pain or reduced numerical rating scale (NRS)), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Oxycontin 40mg, #90 is not medically necessary.