

<b>Case Number:</b>	CM14-0001484		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/11/1985
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 a date of injury of 1/11/85. A utilization review determination dated 12/5/13 recommends non-certification of fentanyl, OxyContin, and methadone. A progress report dated 1/2/14 identifies a history of 3 spinal procedures with ongoing symptoms. The provider states that his opinion is that the patient will require chronic pain management for the remainder of his life. A progress report dated 11/19/13 notes back pain. The patient continues with activities consisting of working on his ranch with the assistance of his pain medications. Fentanyl at 50 mcg is not working as well and the provider explained to the patient that it takes time for it to work. CURES report 11/14/13 is said to be consistent for medications and provider. Medications were noted to be OxyContin, methadone, Lidoderm patches, lithium, Wellbutrin, and Ritalin. A notation is made that dose increases are not decreasing pain and increasing daily function, and the consideration of UDT is being made to aid in evaluating medication compliance and adherence. Preliminary testing was noted to be consistent. Treatment plan included OxyContin, methadone, fentanyl, and urine drug screen. The drug test results completed on 11/22/13 are consistent with methadone and OxyContin, while fentanyl was noted to be negative, suggesting that the patient was not currently taking fentanyl "(within the detection window)."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-2.

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

**Decision rationale:** Regarding the request for methadone, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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, there is documentation that the patient continues with activities consisting of working on his ranch with the assistance of his pain medications. However, another notation identifies that dose increases are not decreasing pain and increasing daily function. Furthermore, there is no rationale identifying the medical necessity of concurrent use of multiple long-acting opioids. In light of the above issues, the currently requested methadone is not medically necessary.

**Oxycontin 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

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

**Decision rationale:** Regarding the request for OxyContin, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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, there is documentation that the patient continues with activities consisting of working on his ranch with the assistance of his pain medications. However, another notation identifies that dose increases are not decreasing pain and increasing daily function. Furthermore, there is no rationale identifying the medical necessity of concurrent use of multiple long-acting opioids. In light of the above issues, the currently requested OxyContin is not medically necessary.

**Fentanyl 50mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

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

**Decision rationale:** Regarding the request for fentanyl, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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, there is documentation that the patient continues with activities consisting of working on his ranch with the assistance of his pain medications. However, another notation identifies that dose increases are not decreasing pain and increasing daily function. Furthermore, there is no rationale identifying the medical necessity of concurrent use of multiple long-acting opioids. In light of the above issues, the currently requested fentanyl is not medically necessary.