

Case Number:	CM14-0106210		
Date Assigned:	09/26/2014	Date of Injury:	10/12/2007
Decision Date:	12/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 Family Practice, 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 49 year old female claimant who sustained a work injury on April 10, 2008 involving the low back. She was diagnosed with lumbosacral neuritis/radiculitis. She underwent a lumbar laminectomy and sustained post laminectomy syndrome. She had been on Fentanyl and Oxycodone for pain control since at least January 2014. She underwent fluoroscopic lumbar hardware injections in February 2014. Progress note on May 19, 2014 indicated claimant had severe low back pain. The pain was 10/10 without medications and 2/10 with medications. Exam findings were notable for tenderness in the C-4 - C-5 region as well as the lumbosacral regions. The claimant was continued on oxycodone 10 mg tablets every 4 to 6 hours and Fentanyl 100 microgram patches every two days.

IMR ISSUES, DECISIONS AND RATIONALES

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

RX 5/27/14 Oxycodone HCL 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use of opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guideline, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 5 months . There was no indication of failure of first-line medications such as Tylenol or non-steroidal anti-inflammatory drugs. Continued use of Oxycodone is not medically necessary.

Fentanyl 100mcg/hr #15, apply one patch Q2 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use of Opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl.

Decision rationale: According to the guidelines Fentanyl is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). In this case, the dose of Fentanyl provided combined with Oxycodone exceed the amount of morphine equivalent recommended on a daily basis. In addition the patches are to be worn for a 72 hour. The Fentanyl prescribed above does not meet the guidelines recommendations and is not medically necessary.