

Case Number:	CM14-0011921		
Date Assigned:	02/21/2014	Date of Injury:	09/13/2012
Decision Date:	08/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old patient with a 9/13/12 date of injury. The mechanism of injury was when he was pinned by huge equipment. According to a 2/4/14 progress note, the patient complained of middle lower back pain rated at a level of 8/10 on a 0-10 pain scale. He complained of chronic numbness to his right hand. He is still recovering from left wrist carpal tunnel surgery and still has pain of his left elbow with a decrease in range of motion. The pain is made worse with every activity and affects his sleep, family life, work performance, driving, etc. Objective impression: left elbow has full flexion, however he cannot extend it fully, diffusely tender bilaterally in the lumbar region, facet loading test positive bilaterally, slight diminished sensation to touch and pinprick over the ulnar aspect of the left forearm and hand. Diagnostic impression: chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, idiopathic peripheral neuropathy. Treatment to date: medication management, activity modification, physical therapy, surgery, chiropractic therapy, facet injection. A UR decision dated 1/20/14 denied the requests for Fentanyl patch and Percocet. The patient has been taking narcotic medications since at least 12/12. His pain level is 8/10 despite the medication usage. It does not appear long term use of narcotic medication has been significantly beneficial for the patient. Long term use of narcotic medication is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. There is no documentation in the reports reviewed that the patient has tried a first-line opioid for continuous analgesia relief. In addition, according to a 2/6/14 progress note, it is documented that the patient complained of intense pain despite taking Percocet and Fentanyl patches. Furthermore, it is documented in a progress note from 2/6/14 that the patient's urine drug screen was inconsistent. Guidelines do not support ongoing opioid use where there is no documentation of functional improvement and inconsistent urine drug screens. The strength and quantity of Fentanyl patches are also missing in this request. Therefore, the request for Fentanyl Patch was not medically necessary.

PERCOCET TABLET 10/325 MG.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a 2/6/14 progress note, the patient is considered a high risk patient, and failed a urine drug screen on 11/13/13. He has refused to perform another urine drug screen since that date. There is no documentation that the physician has addressed this issue, and it is unclear why the physician is continuing to prescribe opioids for this patient. In addition, it is also documented in a 2/6/14 that the patient complained of intense pain despite taking Percocet and Fentanyl patches. A specific rationale identifying why Percocet is required in this patient despite guideline support was not provided. Furthermore, the quantity of Percocet requested was not provided. Therefore, the request for Percocet Tablet 10/325 MG was not medically necessary.