

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0018986 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 09/14/1989 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 Orthopedic Surgery and is licensed to practice in Texas. 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 60 year old female suffering from chronic low backache, neurogenic bladder. In the office visit dated 01/15/14, complaints of low backache with loss of bowel complaints two days prior were reported. The injured worker has undergone multiple surgeries in past which includes: status post lumbar fusion with facet screws at L4 to S1 in year 1994; Anterior and posterior fusion at L4 to S1, removal of previous instrumentation, and insertion of Isola instrumentation on 02/27/1997; status post lumbar hardware removal and exploration of fusion with revision decompression at L3-4 on 5/16/13. Subsequent removal of Isola instrumentation; anterior and posterior fusion at L3 to L4 with positive sagittal balance. A history of left lower extremity deep vein thrombosis. The injured worker is also status post cholecystectomy and hysterectomy surgeries. Her additional problems include asthma and hypothyroid. In previous utilization review on December 17, 2013 the request for retrospective Hydrocodone/acet # 120 and Fentanyl 25 mcg #20 for date of service 12/03/13 resulted in denial. Hence current review request is generated for decision for retrospective Hydrocodone/ACET #120 and Fentanyl 25MCG #20 for date of service 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE HYDROCODONE/ACET #120 AND FENTANYL 25MCG #20 FOR DOS 12/03/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

Decision rationale: My rationale for the necessity of retrospective Hydrocodone/ACET #120 and Fentanyl 25MCG #20 for date of service 12/03/13 are based on clinical records and CA MTUS guidelines. The injured worker is having chronic backache, multiple medical problems and spine surgeries in the past few years. The urine drug screen on 9/25/2013 confirms the presence of Hydrocodone and fentanyl. However detection of Hydrocodone is also noted in the previous two urine analysis reports. She was prescribed Fentanyl Patch 25 mcg/hr. one every 72 hours. for severe pain, Norco 10/325 mg 1 PO 04-6 hrs., Lyrica 50 mg 1 PO twice daily, Motrin once daily, and Colace twice daily. On office follow up visit, physician noted the clinical finding that she is tolerating these well. There were no side effects or adverse effects of the medications reported. The patient meets the 4 A's of pain management with regards to analgesia, activities of daily living, adverse side effects and aberrant drug seeking behaviors. Furthermore, the patient meets the criteria as set forth by ACOEM Guidelines for the use of sustained release narcotic medications. The pain medication regimen has decreased the patient's pain level and allowed the patient to function much better in relation to activities of daily living with improved physical and emotional functioning. The patient agrees to take the medications as prescribed. The patient is tolerating them well, without adverse effects. I am reversing the prior UR decision based on claimant's clinical data, chronicity of low back pain and multiple spine surgeries with support of CA MTUS guidelines which indicates the use of Hydrocodone in moderate to severe pain (less than 16 weeks period) and Fentanyl 25 mcg patches to manage pain in addition to opioids. The request is not medically necessary or appropriate.