

Case Number:	CM14-0019322		
Date Assigned:	04/21/2014	Date of Injury:	04/18/1991
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 60 year old male who was injured on 04/18/1991. Mechanism of injury is unknown. Prior treatment history has included epidural steroid injections. Diagnostic studies reviewed include the patient's last urine test was appropriate. PR-2 dated 01/06/2014 documented the patient with complaints of burning nerve pain, aching nerve pain, radicular nerve pain, burning muscle pain and is in constant pain that radiates down both legs. With treatment medications the patient can perform the following daily activities: bathing, dressing with cane and assistance. Pain scale with medication is 7, without 10. When the patient takes his oral medications they help for about four hours. The pain medications cause the patient constipation and dry mouth. The patient's pain has been relieved by greater than 50% and is enough to make a real difference after epidurals. He does have depression. The pain ratio of his back pain is 75 and leg pain 25. His medications include amitriptyline. Objective findings on examination of the lumbar spine reveal the range of motion is normal. The patient has pain with lumbar spine range of motion testing. Straight leg raise test is positive by 90 degrees bilaterally. Patrick's test and reverse Thomas test are positive bilaterally. Lower extremity neurological examination is normal. Sensation at S1 is abnormal as well as L4 and L5. Severe dysesthesia in the left lower limb just distal to mid calf. There is tenderness to palpation over the lumbar facet joints. Assessment: 1. Spondylosis, lumbar without myelopathy. 2. Reflex sympathetic dystrophy. 3. Post laminectomy syndrome. 4. Myositis pain/fibromyositis/myalgia. Treatment Plan: Fentanyl 100 mcg patches, Transderm Patch and oxycodone 15 mg bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG TABLET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86, 87.

Decision rationale: As per CA MTUS guidelines, opioids appear to be efficacious for chronic back pain. Oxycodone is a short acting opioid which is equivalent to 1.5 morphine equivalents. The medical records document the patient responds well to his pain reducing medications and he can perform some of his daily activities. The report dated 01/06/2014 states the recommended plan for this patient is oxycodone 15 mg tabs twice daily with Fentanyl 100 mcg/hour transdermal patch. CA MTUS guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Fentanyl is equivalent to 2.4 Morphine, which for this patient's recommended dose equals 240 mcg/hour of Morphine. Accordingly, the recommended opioids together (Oxycodone 30 mg/day=45 mg of Morphine & Fentanyl 100 MCG/hour=240 mcg/hour of Morphine) exceeds the recommended opioid dosage per day. Therefore, the medical necessity for oxycodone 15mg tablets has not been established according to the guidelines, therefore, the request is not medically necessary.

FENTANYL 100MCG/HR PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86, 87.

Decision rationale: As per CA MTUS guidelines, opioids appear to be efficacious for chronic back pain. Fentanyl is a long acting opioid that is equivalent to 2.4 mcg/hour morphine equivalents. The medical records document the patient responds well to his pain reducing medications and he can perform some of his daily activities. The report dated 01/06/2014 states the recommended plan for this patient is Oxycodone 15 mg tabs twice daily with Fentanyl 100 mcg/hour transdermal patch. CA MTUS guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Fentanyl is equivalent to 2.4 Morphine, which for this patient's recommended dose equals 240 mcg/hour of Morphine. Accordingly, the recommended opioids together (Oxycodone 30 mg/day=45 mg of Morphine & Fentanyl 100 MCG/hour=240 mcg/hour of Morphine) exceeds the recommended opioid dosage per day. Therefore, Fentanyl 100 mcg/hour patch is not medically necessary according to the guidelines, and the request is not medically necessary.

