MAXIMUS Federal Services

Case Number:	CM14-0153048		
Date Assigned:	09/23/2014	Date of Injury:	11/03/2004
Decision Date:	10/24/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 36-year-old male with a 11/3/04 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/7/14, the patient was seen for ongoing low back pain and medication refill. He has been continuing to work full time and exercise. His opioid medication regimen included Fentanyl 50mcg every 3 days and Percocet 10/325mg 6 a day. In a note dated 7/14/14, the patient stated that his average pain has been about a 5-6/10 flaring to an 8/10, and coming down to a 4/10 with medications. Medications allow him to work full time and carry out activities of daily living. Objective findings: no significant findings. Diagnostic impression: low back pain. Treatment to date: medication management, activity modification. A UR decision dated 8/23/14 denied the request for Fentanyl and modified the request for Percocet from 180 tablets to 30 tablets for weaning purposes. His cumulative daily opioid dose exceeded the recommended dose of 120mg oral morphine equivalents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

Decision rationale: The 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. However, according to the patient's opioid medication regimen, consisting of Fentanyl and Percocet, the patient's daily MED is calculated to be 210. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. In addition, there is no documentation that the patient has failed a first-line opioid medication. Furthermore, the patient's urine drug screen dated 3/25/14 was inconsistent for Fentanyl. There is no documentation that the provider has addressed this issue. Therefore, the request for Fentanyl 50mcg #15 was not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosingOpioids, long-term assessmentOpioids, criteria.

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

Decision rationale: The 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. However, given the 2004 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, based on the patient's opioid medication regimen, consisting of Fentanyl and Percocet, the patient's daily MED is calculated to be 210. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Therefore, the request for Percocet 10/325mg #180 was not medically necessary.