

Case Number:	CM14-0184756		
Date Assigned:	11/12/2014	Date of Injury:	03/27/1978
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old male who was injured on 3/27/1978 after falling. He was diagnosed with lumbosacral spondylosis, degeneration of cervical intervertebral disc, degeneration of lumbosacral intervertebral disc, cervical spinal stenosis, and cervical spondylosis. He was treated with chiropractor treatments, facet joint injections, epidural injections, massage therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medications, including opioids. The worker was seen by his pain specialist on 10/16/14, when he reported continual and chronic neck pain with radiation to both shoulders and into his left arm. He reported that Fentanyl and hydrocodone, which he takes regularly to treat his pain, help to keep him active without side effects. He also reported attending physical therapy and doing home exercises. He rated his usual pain levels are at 5-6/10 on the pain scale with time being less and times being more. He reported no change in his pain and sleep pattern or overall function since his last appointment. Physical findings included body mass index (BMI) of 32, positive straight leg raise, tenderness in the cervical and lumbar areas, and inability to stand on toes. He was then recommended to continue using his Fentanyl and hydrocodone as well as all his other pain medications as previously prescribed and taken. He was also advised to complete his physical therapy and come back to consider a procedure (injection, etc.) if warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the documentation submitted for review failed to provide the required documented evidence in order to justify continuation. There was no evidence of measurable functional benefit. Without this specific report detailing how his Fentanyl as well as his Norco independently improved his overall function and reduced his pain level with use, the continuation of Norco and Fentanyl both will be considered medically unnecessary.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the documentation submitted for review failed to provide the required documented evidence in order to justify continuation. There was no evidence of measurable functional benefit. Without this specific report detailing how his Fentanyl as well as his Norco independently improved his overall function and reduced his pain level with use, the continuation of Norco and Fentanyl both will be considered medically unnecessary.

