

Case Number:	CM14-0024152		
Date Assigned:	06/11/2014	Date of Injury:	04/09/2003
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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:

This claimant a 46 year old female injured worker with date of injury 4/9/03 with related low back pain and sciatica symptoms. Per 1/13/14 progress report, the injured worker's low back pain radiated to the right leg with tingling and numbness. She described her pain as sharp, aching, tingling, numbing, throbbing and shooting. Frequency of pain was constant. Pain was rated 7/10 at worst. She related difficulty falling asleep due to pain. Per 1/23/14 progress report, physical exam revealed generalized tenderness and spasm in the lumbosacral spine. There was limited range of motion. Neurological exam revealed ongoing L5 radiculopathy. She underwent placement of a spinal cord stimulator 11/19/13. She was hospitalized on 12/7/13 to 12/14/13 for treatment of a postoperative wound infection. On 12/10/13 she underwent surgery in the form of removal of hardware from the thoracic spine. The injured worker underwent drainage of a left buttock abscess on 12/16/13. A CT scan of the thoracic spine obtained on 12/7/13 revealed findings consistent with the presence of stimulator wires in the thoracic spine. There was no evidence of central canal stenosis. She has been treated with physical therapy, SCS, and medication management. The date of UR decision was 1/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 50 MG/HR TRANSDERMAL PATCH EVERY 72 HOURS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 76, 78, 91, 93.

Decision rationale: Per MTUS CPMTG, fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. It is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic (fentanyl transdermal) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Per 1/14/14 progress note, the injured worker "continues to complain of back pain and specifically pain at her back incision site. She notes that this is extremely painful when she lays down on it especially at night and she has a great deal of pain and she wakes up in the morning. She also feels that the OxyContin is really not working as well for her. She has been on this medication for quite a few years now at 80 mg three times a day. Besides, she also uses Norco at 8 tablets a day. For now, I am attempting to switch her to fentanyl patch. She will use fentanyl 50 mcg patch for the first two patches after which she may increase to 2 patches if needed. When she is on the first patch, 24 to 48 hours later, she will reduce her OxyContin to 2 tablets a day. After the second patch if required, she will wean of the OxyContin. In any case if she does not require a second patch, she is advised to completely wean off the OxyContin. For now, she will continue using Norco 4 times a day. It is my opinion that this patient may have also developed some opioid-induced hyperalgesia given the length of time and the dosage of opioid medication she has been using. If the fentanyl patch does not work for her, we may need to consider switching her to Suboxone for better long term pain control. Please note that the patient has signed an opioid agreement. She uses the medications as prescribed. She does not request early refills, There is no evidence of misuse or diversion of this medication." Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" These concerns have been addressed in the documentation submitted for review. The UR physician does not cite a specific rationale for this denial, other than to say the guidelines do not support this therapy, with no specific guidelines quoted. The injured worker's pain has been refractory to first line opioid therapy, and the proposed treatment is documented as an effort to provide analgesia at a lower opiate dose, which is consistent with MTUS guidance. The request is medically necessary.

DISPENSE 10 PATCHES TO TREAT LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 78, 91, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to

improve? (c) Is there likelihood of abuse or an adverse outcome?" These concerns have been addressed in the documentation submitted for review. The UR physician does not cite a specific rationale for this denial, other than to say the guidelines do not support this therapy, with no specific guidelines quoted. The injured worker's pain has been refractory to first line opioid therapy, and the proposed treatment is documented as an effort to provide analgesia at a lower opiate dose, which is consistent with MTUS guidance. The request is medically necessary.