MAXIMUS Federal Services

Case Number:	CM14-0024374		
Date Assigned:	06/11/2014	Date of Injury:	10/09/2006
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50-year-old male with date of injury of 10/09/2006. The listed diagnoses are lumbar disk displacement, lumbar radiculopathy, myalgia and myositis, nos, tobacco use disorder, constipation, and s/p left shoulder arthroscopy with rotator cuff repair from 10/21/2013.According to this report, the patient complains of low back pain. He states that since decreasing his fentanyl back in October 2013, his activities of daily living has gone down. His pain level with medications is 4/10 and without medications is 8/10. His current list of medications includes fentanyl, hydromorphone, and Promolaxin. The treating physician also documents a Pain Disability Index (PDI) noting under Families and Home Responsibilities 4/10 with medications and 8/10 without medications. Recreation with medication is 4/10, without medication 8/10. Social Activity with medication 4/10, without medication is 8/10. Self-care with medication is 3/10, without medication 7/10. Sleep quality with medication 5/10 and without 8/10. The physical exam shows the patient is well developed and well groomed. He has an antalgic gait. There is decreased range of motion for flexion and extension and paraspinus muscle tenderness without spasm in the lumbar spine. The patient has a signed opioid agreement on the chart. The opioid risk tool has been applied to this patient. UDS screens have been appropriate and there are no red flags or a possible medication misuse or aberrant behavior noted. The utilization review denied the request on 02/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 75MCG/HR #10 WITH 1 REFILL: Overturned

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

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

Decision rationale: The MTUS Guidelines page 44 on Duragesic (fentanyl transdermal system) states that it is not recommended as a first line therapy. This FDA-approved product is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In addition, MTUS page 47 on fentanyl notes that fentanyl is an opioid analgesic with potency 80 times that of morphine. Furthermore for chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires, "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "4As for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records from 03/12/2013 to 02/11/2014 show that the patient has been taking fentanyl patch since 07/03/2013. There treating physician noted on 02/11/2014 that the patient's fentanyl use was decreased in October 2013 and since then the patient's activities of daily living has gone down. In this case, the treating physician documented sufficient "pain assessments" and "outcome measures" to warrant the continued use of this opiate. The request for Fentanyl Patch 75mcg/hr/ # 10 with 1 refill is medically necessary and appropriate.

HYDROMORPHONE 4MG #90 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require specific documentations regarding pain and function. The MTUS requires, "pain assessment" that requires current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, "the 4As for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records from 03/12/2013 to 02/11/2014 show that the patient has been taking Hydromorphone since 07/31/2013 as his rescue medication and for breakthrough pain. Progress report dated 07/31/2013 notes that the patient's pain level with medication is 4/10 to 5/10 and without medication is 6/10. The progress report dated 09/30/2013 notes that the patient's pain level with medication is 3/10 and without medication is 6/10. His activity level with medication is 6/10 to 7/10 and activity level without medication is 4/10. The treating physician documents medication efficacy stating, "His other pain medicines continue to help. He gets significant and measurable improvements in both pain and function." In this case, the patient has a current opiate

agreement with no reports of aberrant drug seeking behavior. The treating physician also documents significant improvement with medication use. Recommendation is for authorization.