

Case Number:	CM14-0032027		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2012
Decision Date:	07/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52-year-old male, who sustained an injury on 09/13/12, when the arm and shoulder was caught between two (2) objects. The injured worker also injured his low back in the attempt to free himself. The injured worker had an extensive amount of conservative treatment including physical therapy chiropractic treatment and injections including facet blocks. The injured worker had extensive history of medications including narcotics and antidepressants. The previous narcotics included oxycodone and fentanyl transdermal patches. The injured worker was followed by a treating pain management physician. The injured worker was being seen for individual psychotherapy for associated depression and anxiety secondary to chronic pain. The pain management report from 01/09/14 noted that the injured worker was receiving Percocet and fentanyl by the primary medical physician. The injured worker continued to describe pain primarily in the lumbar spine worsened with any standing. The injured worker reported persistent pain ranging from 7-10/10 on the visual analog scale despite Percocet and fentanyl. A physical examination noted tenderness to palpation in the lumbar spine with positive facet loading signs. The lumbar range of motion was restricted. Sensation was slightly diminished to touch and pin prick over ulnar aspect of forearm and hand. Reflexes were 1+ and symmetric in the lower extremities. The injured worker was recovering from a left carpal tunnel release and surgery to the left elbow at this visit. The injured worker was recommended to continue with fentanyl patches at 25mcg/hour changed every 48 hours and Percocet 10/25mg 10/325mg one to two (1-2) tablets three (3) times daily at a max of three (3) per day. Follow-up on 02/04/14 noted that the fentanyl patches had been increased up to 75mcg/hour, due to persistent pain. This appeared to have been prescribed by different physician. No changes in pain scores or physical examination findings were noted. Per this record the prescription was for

25mcg/hour fentanyl patches. The requested fentanyl patches and Percocet 10/325mg were denied by utilization review on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter, Opioids and the Official Disability Guidelines (ODG), Chronic pain section, Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Fentanyl patches, the most recent clinical records indicate that the current dose was 25mcg/hour changed every 48 hours. Despite the significant amount of narcotics being prescribed to the injured worker the pain scores were still elevated at 7-8-10/10 on the visual analog scale. There was no clear indication of any substantial functional benefit or pain reduction obtained with the use of fentanyl patches that would have supported its ongoing use. The Chronic Pain Medical Treatment Guidelines indicate that fentanyl patches can be considered an option in the treatment of severe pain that has failed other lower levels of analgesic medications. The guidelines recommend that there be ongoing assessments regarding functional improvement and pain reduction obtained with the continued use of strong narcotics such as fentanyl. As this was not evident in the clinical record and the clinical documentation also did not contain any recent compliance measures, such as toxicology results, this reviewer does not recommend this request as medically necessary.

Percocet Tablet 10/325 Mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter, Opioids and the Official Disability Guidelines (ODG), Chronic pain section, Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Percocet 10/325mg, despite the significant amount of narcotics being prescribed to the injured worker, the pain scores were still elevated at 7-8-10/10 on the visual analog scale. There was no clear indication of any substantial functional benefit or pain reduction obtained with the use of Percocet for breakthrough pain that would have supported its ongoing use. The Chronic Pain Medical Treatment Guidelines indicate that fentanyl patches can be considered an option in the treatment of severe pain that has failed other lower levels of analgesic medications. The guidelines recommend that there be ongoing assessments regarding functional improvement and pain reduction obtained with the continued use of strong narcotics such as fentanyl. As this was not evident in the clinical record and the

clinical documentation also did not contain any recent compliance measures such as toxicology results, this reviewer does not recommend this request as medically necessary.