

Case Number:	CM14-0036599		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2007
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, with a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 56-year-old female with a June 7, 2007 date of injury. At the time of request for authorization for Fentanyl 100mcg, #10 and MS Contin 15mg extended release, #60 (on february 12, 2014), there is documentation of subjective (chronic severe pain in the knees, neck, right shoulder, arm, right upper back, mid back and lower back; weakness in the bilateral arms and legs; and difficulty performing activities of daily living) and objective (tenderness to palpation in the lumbar paravertebral regions, tenderness to palpation over the cervical paravertebral region with decreased range of motion, positive Spurling's test on the right, and decreased sensation and reflexes of the right upper extremity) findings, current diagnoses (internal knee derangement, cervical radiculopathy, and lumbar radiculopathy), and treatment to date (ongoing therapy with Fentanyl patch and Ms Contin). In addition, March 26, 2014 medical report identifies a signed narcotic agreement; 50% functional improvement and increase in activities of daily living with use of Fentanyl and MS Contin; that the patient requires continuous, around-the-clock opioid therapy due to severe chronic pain and is completely dependent upon the medications; and that lower dosages of opioid therapy have previously failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg, #10: 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 Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic (fentanyl transdermal system).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Fentanyl. The Chronic Pain Medical Treatment Guidelines identifies that Fentanyl is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h, as criteria necessary to support the medical necessity of Fentanyl. Within the medical information available for review, there is documentation of diagnoses of internal knee derangement, cervical radiculopathy, and lumbar radiculopathy. In addition, there is documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h. Furthermore, given documentation of 50% functional improvement and increase in activities of daily living with the use of Fentanyl, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Fentanyl. Therefore, the request for Fentanyl 100mcg, ten count, is medically necessary and appropriate.

MS Contin 15mg extended release, #60: 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): 74-80; 93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, the Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects,

as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal knee derangement, cervical radiculopathy, and lumbar radiculopathy. In addition, there is documentation of chronic pain in need of continuous treatment. Furthermore, given documentation of a signed narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of 50% functional improvement and increase in activities of daily living with the use of MS Contin, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of MS Contin. Therefore, the request for MS Contin 15mg, sixty count, is medically necessary and appropriate.