

Case Number:	CM14-0040852		
Date Assigned:	06/27/2014	Date of Injury:	10/04/2001
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

The injured worker is a 58-year-old female who reported an injury on 10/4/2001. The mechanism of injury was a slip and fall. Her diagnoses were noted to be degenerative disc disease and degenerative arthritis of the lumbar spine. The injured worker was noted to have prior treatment of chiropractic care and physical therapy. The injured worker had an MRI of the low back. The injured worker had complaints of intermittent pain in the low back area, with intermittent radiation of the pain into both legs. She also indicated intermittent numbness. The physical examination noted normal thoracic kyphosis and lumbar lordosis. There were no complaints at the lumbosacral level with firm fist percussion along the paraspinal muscles. There was no palpable muscle spasm in the thoracic or lumbar muscles. Motor function in the lower extremities was tested against manual resistance. Quadriceps, extensor hallucis longus, and dorsi flexors, plantiflexors, inverters, and evertors were within normal limits bilaterally. Motor groups about the hips, knees, ankles, feet, and toes were tested, and no deficits were found. Her perception to pinprick, light touch, and fibratory sense was evaluated in the lower extremities and was found to be within normal limits. No deficit was found in the distribution of the peripheral nerves or dermatomal patterns. She was noted to have medication therapy of Soma, Norco, fentanyl patch, and Lyrica. The treatment plan was to continue current medication, continue to be active, and return in 4 weeks. The provider's rationale for the request was provided in a clinical evaluation dated 03/03/2014. The request for authorization for medical treatment was provided and dated 03/19/2104.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg transdermal patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), page(s) 44, 93 Page(s): 44, 93.

Decision rationale: The request for fentanyl 25 mcg transdermal patch, quantity 15, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Duragesic or fentanyl patches as a first-line of therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is FDA-approved and indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be management by other means. The guidelines also state Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are to be worn for a 72-hour period. The clinical evaluation of the injured worker does not indicate any opioid tolerance. The evaluation does not provide a rationale for the injured worker requiring transdermal opposed to an oral route of medication. The evaluation does not indicate pain so severe thus requiring around-the-clock opioid therapy. In addition, the provider's request fails to indicate a frequency, the guidelines state patches are to be worn for a 72-hour period. Therefore, the request for fentanyl 25 mcg transdermal patch, quantity 15, is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, quantity 60, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical evaluation submitted for review indicates the injured worker with complaints of lower back and

hip pain increased with the weather. It was documented that the injured worker stated pain a 6/10 with medication. It is not noted that the injured worker had side effects addressed or a recent urine drug screen. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Norco 10/325 mg, quantity 60, is not medically necessary.