

Case Number:	CM14-0044846		
Date Assigned:	07/02/2014	Date of Injury:	09/03/1998
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/12/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old male with a reported date of injury on 09/03/1998. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include: 1. Status post anterior cervical discectomy and fusion at C4-7. Cervical stenosis at C4-5. 5 mm central disc bulges at L1-2. Status post previous laminectomy at L4-5. Post laminectomy syndrome. 3.6 mm disc bulge at L2-3. 2.5 mm disc bulge at L3-4 with an annular tear. 1.5 mm disc bulge to L5-S1 with bilateral facet arthrosis and moderate bilateral neural foraminal narrowing. 9. Status post anterior/posterior lumbar decompression and fusion at L4-5. Status post removal of hardware at L4-5 with exploration of fusion. 11. Status post lumbar spinal cord stimulator trial failure. 12. Status post anterior cervical discectomy and fusion to C4-7. His previous treatments were noted to include surgery and medications. The progress note dated 06/10/2014 revealed the injured worker complained of bilateral neck pain, bilateral lower back pain, bilateral upper extremity pain and bilateral lower extremity pain. The injured worker rated his pain as 7/10 with medications and 10/10 without medications. The injured worker indicated the medications were effective with no side effects. The injured worker's medication regimen was noted to include Ambien 10 mg 1 at bedtime for insomnia, Senna 8.6 mg 1 three times a day, Voltaren 1% gel, apply to affected area as needed, Fentanyl 75 mcg per hour patch, 1 every 3 days, Gabapentin 300 mg 1 at bedtime, and Oxycodone 30 mg 1 every 6 hours as needed for pain. The physical examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis and surgical scar, the range of motion was restricted within all planes. Upon examination of the paravertebral muscles, tenderness was noted to both sides and a positive Spurling's maneuver was noted. The physical examination of lumbar spine revealed a surgical scar with restricted range of motion within all planes. Upon examination of the

paravertebral muscles, tenderness was noted to both sides with a positive straight leg raise bilaterally. There was decreased sensation to light touch in the left C6-7 dermatomes and in the left L4-5 dermatomes. The provider indicated the injured worker was doing well on his medication regimen and it provided him with adequate pain relief and improved function and sleep. The Request for Authorization Form dated 06/10/2014 was for a Fentanyl patch #75 mcg #15 with no refills and Oxycodone 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75 mcg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids MED Calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioids may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4A's for ongoing monitoring; including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker revealed with medication is pain rated 7/10 and without medications it rated 10/10. The injured worker indicated the medications were effective and the side effects included constipation. The provider reported the medication regimen was providing adequate relief and improved function and sleep. The provider indicated the injured worker was showing no aberrant drug behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and the indication of opioid-induced constipation; without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the MED daily dose recommended is 100 MED; however, the current regimen with Fentanyl and Oxycodone combined is 180 MED which exceeds guideline recommendations. Therefore, the request is found to be not medically necessary.

Oxycodone HCL CR 10 mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioids may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4A's for ongoing monitoring; including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker revealed with medication is pain rated 7/10 and without medications it rated 10/10. The injured worker indicated the medications were effective and the side effects included constipation. The provider reported the medication regimen was providing adequate relief and improved function and sleep. The provider indicated the injured worker was showing no aberrant drug behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and the indication of opioid-induced constipation; without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the MED daily dose recommended is 100 MED; however, the current regimen with Fentanyl and Oxycodone combined is 180 MED which exceeds guideline recommendations. Therefore, the request is found to be not medically necessary.