

Case Number:	CM14-0055951		
Date Assigned:	07/09/2014	Date of Injury:	11/30/1995
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 75-year-old female who reported an injury on 11/30/1995. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with postlaminectomy syndrome, lumbar region; displacement of cervical intervertebral disc without myelopathy; degeneration of cervical intervertebral disc; degeneration of lumbar or lumbosacral intervertebral disc; cervicgia. The injured worker had complaints of neck, thoracic, low back, and lower extremity pain. She continued to take Dilaudid and Fentanyl patches with good benefit. She reported she was able to walk outside and prepare meals with only moderate pain while on the medications. She would not be able to function without the medication. The injured worker did not report any new side effects from the medications and had been taking her medications as prescribed. The medications were controlling some, but not all of the pain symptoms. The injured worker understood that all of the symptoms would not be completely eliminated by pain medications. The patient used a cane to walk with cervical forward flexion posture. The patient was able to sit for 15 minutes without any limitations or evidence of pain. The lumbar spine was restricted in all planes with increased pain. Muscle guarding was also noted. Lumbar spine examination revealed 5/5 motor strength on the left and 4/5 on the right of the lower extremities. Sensory was noted to be normal to light touch; pinprick and temperature in the left lower extremity, decreased on the right to all along the L4, L5, and S1 dermatomes. Deep tendon reflexes were noted to be 0 to 1+ to the bilateral knees and ankles. Straight leg raise was positive for radicular signs and symptoms at 30 degrees bilaterally. Past medical treatment included right shoulder surgery TSR on 10/25/2011 and thoracolumbar spine fusions with the last one being in 01/2009 or 02/2009; right CTR and right ulnar nerve release. Diagnostic studies included an EMG/NCS by [REDACTED] in 03/2012 that demonstrated ulnar

neuropathy at the Guyon canal and carpal tunnel syndrome. On 04/24/2014, a request had been made for Fentanyl patch 125 mcg/hour #10 and Dilaudid tablet 8 mg #60. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 125mcg/hr, Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The guidelines further recommend that dosing not exceed 120 mg oral morphine equivalence per day and for the patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The most recent clinical note indicated the patient continued to take Dilaudid and Fentanyl patches with good benefit. She reported she was able to walk outside and prepare meals with only moderate pain while on the medications. She would not be able to function without the medication. The patient did not report any new side effects from the medications and had been taking the medications as prescribed. The medications were controlling some, but not all of the pain symptoms. However, the documentation failed to provide evidence of an objective increase in function and decrease in pain with the use of the requested medication. Additionally, as the patient was noted to also be taking Dilaudid, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Given the above, the request for Fentanyl patch 125 mcg/hour QTY: 10 is not medically necessary.

Dilaudid tablet 8mg, Qty: 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids, Opioids for chronic pain in general conditions.

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The guidelines further

recommend that dosing not exceed 120 mg oral morphine equivalence per day and for the patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The most recent clinical note indicated the patient continued to take Dilaudid and Fentanyl patches with good benefit. She reported she was able to walk outside and prepare meals with only moderate pain while on the medications. She would not be able to function without the medication. The patient did not report any new side effects from the medications and had been taking the medications as prescribed. The medications were controlling some, but not all of the pain symptoms. However, the documentation failed to provide evidence of an objective increase in function and decrease in pain with the use of the requested medication. Additionally, as the patient was noted to also be taking Fentanyl patches, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Given the above, the request for Dilaudid tablet 8 mg QTY: 80 is not medically necessary.