MAXIMUS Federal Services

Case Number:	CM14-0057002		
Date Assigned:	07/09/2014	Date of Injury:	09/14/1989
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 60 year old female with a work injury dated 9/14/89. The diagnoses include status post lumbar hardware removal and exploration of fusion with revision decompression L3-4, 5/16/13; status post anterior and posterior fusion at L4 to S1, removal of previous instrumentation, and insertion of instrumentation on 02/27/1997, subsequent removal of instrumentation; status post lumbar fusion with facet screws at L4 to S1 in 1994; bilateral and sacroiliitis; status post anterior and posterior fusion at L3 to L4 with positive sagittal balance; history of left lower extremity DVT. Under consideration is a request for Fentanyl DIS 25mcg/HR #20. There is a primary treating physician report dated 4/16/14 that states that the patient is having lot of back pain. The patient has been given a lifetime medication regimen which does include Fentanyl patch. The patient also had Oxycontin but Oxycontin shuts down her GI tract. The provider gave her Norco which seems to agree with her GI problem much better than Oxycontin. The insurance company however has not been authorizing the Norco. On exam she has tenderness and guarding in her back. There is spasm in her back. She is having a lot of discomfort with the TLSO brace that she wears. The brace hits up under the arm pits as well as the front of the chest which makes it difficult for her to sit. The treatment plan includes a request for PT. She was not given any Oxycontin or MS Contain as both of these shut down her GI tract. A script was given for Norco. There is a 2/26/14 document that states that the patient is getting refusals on her authorization for Fentanyl patch as well as Norco. The patient has a set of medication that has been approved for her for life. Among those medications is MS Contin as well as Oxycontin. These two medications are narcotic just the same way as Fentanyl patch and Norco is. We switched her from MS Contin and oxycodone as she was getting GI problems that was necessitating frequent visits with the GI doctor and as well as bowel shut down. Fentanyl

patch is also a narcotic but this works for three days at a time. This was felt to be a much better type of narcotic for this patient. Norco is also a weaker narcotic than Oxycodone and this does not affect her bowel to the same extent. The documenting physician states that this should be taken under consideration as he is not fully changing the class of medication but just the type that works best for this patient. The patient's condition remains temporarily totally disabled. There is a 4/22/14 psychological clearance document for a spinal cord stimulator that states that the patient has been using a Fentanyl patch since 2011 in addition to other medications. The document states that the medications make her feel groggy, affect the use of a driving a car, make her irritable when not taken. She reports experiencing symptoms if medication(s) are not taken. She has tried to reduce or stop taking medications but found that difficult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 25mcg/HR #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. P. 78-79 Page(s): 78-79.

Decision rationale: The guidelines state that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS states: to discontinue opioids if there is continuing pain with the evidence of intolerable adverse effects. The documentation indicates that the patient has been taking Fentanyl since 2011 without significant improvement in analgesia or evidence of functional improvement as defined by the MTUS. The documentation indicates that the patient has gastrointestinal complications due to her opioid medications. The documentation indicates that the patient states that her medications make her feel groggy, affect the use of a driving a car, make her irritable when not taken. Without evidence of functional improvement or significant improvement in pain levels and evidence of side effects continuing Fentanyl is not appropriate. The request for Fentanyl DIS 25mcg/HR #20 is not medically necessary.