

Case Number:	CM14-0111733		
Date Assigned:	08/01/2014	Date of Injury:	10/23/2000
Decision Date:	01/05/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine 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 60-year-old female who experienced an industrial injury 08/31/79. The mechanism of injury was not identified in the documentation submitted for review. The worker was seen 05/07/14 for a follow-up office visit by the treating physician. She continued to have neck and lower back pain which radiates down the left lower extremity, rated between 7-10. The physician's objective findings upon examination noted there was tenderness and spasms of the paracervical muscles or spinous processes. There was tenderness over the base of the neck, over the trapezius musculature bilaterally, and she had decreased sensation to the ulnar nerve bilaterally. She walked with a normal gait, no evidence of limp. There was tenderness to palpation and spasms of the paravertebral muscles bilaterally. She had a bilateral upper extremity EMG done 08/20/12. The results revealed minimal primary sensory demyelinating right carpal tunnel syndrome and bilateral chronic active C5-C6 radiculopathy, left side greater than right side. There was a cervical MRI scan done 08/08/12 which showed facet arthropathy, neural foraminal narrowing, decreased disk height, and degenerative disc disease. Diagnoses were status post L4-S1 bilateral laminotomy and L5-S1 microdiscectomy, secondary to disc extrusion; C5-C6 severe decreased disc height with C3-C4 and C4-C5 degenerative disc disease; right carpal tunnel syndrome, confirmed by EMG 08/20/12; C3-C4 right neural foraminal narrowing, C4-C5 right neural foraminal narrowing, C5-C6 moderate to severe bilateral neural foraminal narrowing, moderate central stenosis; facet arthropathy C2-C7; cervical radiculopathy C5-C6, left greater than right, confirmed by EMG 08/20/12. Treatment recommendations included ongoing pain management care for medication management and she was prescribed Fentanyl patches 25 mcg 1 patch every 48 hours, quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Long-term opioid use

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 146, 148, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 12, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Fentanyl patches 25 mcg, per ODG website

Decision rationale: In regards to Fentanyl patch, it is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy in which the pain cannot be managed by other means (e.g., NSAIDS). The request is not reasonable as there is no indication that patient is requiring continuous, around-the-clock opioid therapy in which the pain cannot be managed by other means (e.g., NSAIDS). Also, guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, Fentanyl patches 25mcg #15 is not medically necessary.