

Case Number:	CM14-0112987		
Date Assigned:	09/25/2014	Date of Injury:	04/10/2005
Decision Date:	04/15/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on April 10, 2005. She reported a slip and a fall and sustained injuries to her lumbar spine, ankle, knee, hand and wrist. The diagnoses have included left carpal tunnel syndrome, chronic left L5 radiculopathy on electromyogram/nerve conduction studies, left greater trochanteric bursitis, acute post-traumatic sprain/strain of the lumbar spine, post-traumatic chest contusions, acute post-traumatic sprain of the left shoulder, lumbar disc bulges and depression. Treatment to date has included left carpal tunnel release surgery, left knee arthroscopic surgery, cortisone injections into the left thumb and elbow, and diagnostic studies. Documentation from May 16, 2014 revealed the injured worker complained of low back pain, cervical spine and left knee pain. She denied radiation of pain and noted that she had aggravation of her knee pain with weight bearing activities. Her pain was described as throbbing, achy and sharp. On June 12, 2014 Utilization Review modified a request for Fentanyl patches 50 mcg/heart rate #5, one every 72 hours, noting that the medication was appropriate for weaning. The California Medical Treatment Utilization Schedule was cited. On July 18, 2014, the injured worker submitted an application for IMR for review of Fentanyl patches 50 mcg/heart rate #5, one every 72 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 50 MCG/HR, Quantity 5, Every 72 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43-44, 66, 86.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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. Specifically, the notes do appropriately review and document pain relief, functional status improvement, appropriate medication use, and side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they not appear to have been addressed by the treating physician in the documentation available for review. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. What is available is a UDS from 2013 which is positive for amphetamine (no mention of any amphetamine medication prescribed) and no testing for fentanyl. It was unclear what medications the patient was taking in 2013. There is no CURES report, and no current UDS. The spine surgeon has advised against spine surgery, so she is not pre-operative for nociceptive acute pain. As MTUS recommends to discontinue opioids if there insufficient documentation of risk screening, medical necessity cannot be affirmed.