

Case Number:	CM14-0184757		
Date Assigned:	11/12/2014	Date of Injury:	09/27/1999
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/3/14 note reports low back pain. The pain is reported as throbbing, shooting, stabbing, sharp, burning, and hot. Pain is reported to affect function of doing activity. Medications indicated as morphine 15 mg tid and fentanyl 100mcg q 48 hrs. Examination notes 4/5 strength at right ankle dorsiflexion but otherwise 5/5. There is reduced range of motion. There was tenderness to palpation over the spinous processes. Assessment was low back sprain/strain with post laminectomy pain. Pain is 10/10 without meds and 5/10 with meds. UDS was ordered and recommended for [REDACTED] functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 1--Mcg #15,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics , Duragesics Page(s): 44,111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids

Decision rationale: ODG guidelines support opioids with : Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment;

average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. The medical records report chronic pain but does not document medical necessity of a long acting opioid being prescribed on an interval of 48 hours that is designed for a 72 hour delivery timeframe congruent with ODG guidelines. As such chronic opioids are not supported.

Morphine Sulfate ER 15mg #90,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioids

Decision rationale: ODG guidelines support opioids with : Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. The medical records report chronic pain but do not document medical necessity of combining two different long acting opioids congruent with ODG guidelines. As such chronic opioids are not supported.