

Case Number:	CM14-0194258		
Date Assigned:	12/02/2014	Date of Injury:	10/16/2000
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Practice 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:

63 yr. old male claimant sustained a work injury on 10/16/2000 involving the low back and neck. He was diagnosed with traumatic disc injury of the cervical and thoracic spine. He had multiple tendon lacerations with numerous surgeries. He had developed flexion contraction deformities of the right hand and was depressed secondary to the above. The claimant had been on Oxycontin for pain. A progress note on 11/5/14 indicated the claimant had persistent, neck and back pain. Exam findings were notable for muscle spasms of the cervical and thoracic spine with painful range of motion. The claimant had been on Fentanyl patches which were continued at a reduced dose of 75 mcg along with Hydrocodone. He had been on the above medications for at least 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75 MCG 1 Patch Every 2 Days Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44.

Decision rationale: Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Oxycontin and Hydrocodone - other long and short acting opioids. The claimant had been on the medications for months without significant improvement in function. Continued use is not medically necessary.

Hydrocodone 10/325 MG 2 Tabs 3 Times Per Day Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone for a several months without mention improvement in pain scale or function. In addition it was used with 2 long acting opioids (Oxycontin and Fentanyl). The continued use of Hydrocodone is not medically necessary.