

Case Number:	CM14-0197530		
Date Assigned:	12/05/2014	Date of Injury:	10/21/1998
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

This 66 year old female sustained a work related injury on 10/27/2014. The mechanism of injury was not made known. Urine toxicology testing was submitted for review and included dates of 06/26/2014, 07/21/2014 and 08/21/2014. According to a progress report dated 10/17/2014, the injured worker complained of low back and left shoulder pain. Pain radiated to her left leg. She also reported numbness in her feet. Pain was rated 10 on a scale of 1-10 without medication and a 5 with pain medications. Pain was aggravated by prolonged activities and alleviated by medications. Physical examination revealed no edema, cyanosis or clubbing in extremities. Straight leg raise was negative bilaterally. Left shoulder flexion was 0-100 degrees. Strength was 5/5 in both lower extremities. Reflexes were trace and symmetrical for both quadriceps. There was absent bilateral gastrocnemius reflexes. She ambulated independently without any assistive device with her trunk flexed forward. Diagnoses included low back pain, lumbar degenerative disc disease, lumbar radiculitis, and chronic pain syndrome and shoulder pain. According to the provider, the injured worker was able to function well with the help of the pain medications. She lived alone and did pretty much all household chores. She exercised regularly. There were no adverse reactions to pain medications and she did not exhibit aberrant behavior. According to the provider urine toxicology testing was consistent with the pain medications being prescribed to her. She was on such a low dose of fentanyl patch that the results did not meet cutoff but she had traces of fentanyl in the urine toxicology result. She did test positive for hydrocodone and its metabolite, hydromorphone in the urine. She continued to be on fentanyl patch 12 mcg/hour which was a reduction of about 40 percent in her pain medication. The pain medications prevented her from going to the Emergency Department. Plan of care included Fentanyl patch 12 mcg/hour every 3 days. She was given a prescription for 10 patches. She was also given a prescription for Norco 10/325mg four times a day as need #120 tablets with no refill. She will

continue nortriptyline 10mg 1-2 tablets at bedtime as needed. Non-steroidal anti-inflammatories were contraindicated due to elevated creatinine. She was declared permanent and stationary. On 10/27/2014, Utilization Review modified Norco 10/325mg #120 and Fentanyl 12mcg/hour patch #10 that was requested on 10/20/2014. According to the Utilization Review Physician there was limited documentation of functional improvements (household chores and exercise program). No specific details were delineated. The injured worker continued to require regular daily breakthrough pain medications four times daily which indicate the lack of efficacy with treatment. Although documentation notes compliance with treatment, there was no specific documentation of specific, significant and sustained object findings of improvement, including exam findings, functional improvement and return to work. The injured worker required daily need/use of BPM indicating poor efficacy. Certification was recommended for a modified amount of the above listed medications to avoid abrupt cessation. Guidelines referenced included MTUS short-acting opioids and MTUS Fentanyl. The decision was appealed for an Independent Medical Review. A Request for Authorization was received 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. According to the California MTUS Guidelines opioids are recommended for ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate potential aberrant drug behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. There was documentation to indicate the injured worker had an increase in physical and psychosocial functioning and was negative for side effects, and was noted to not have any aberrant drug related behaviors. However, the documentation failed to include a complete pain assessment to include the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief, and how long pain relief lasts. In the absence of a complete pain assessment as indicated above and a current urine drug screen for assessment, the request is not supported by the evidence based guidelines. The request as submitted failed to include a frequency for the requested medication. As such, the request is not medically necessary.

Fentanyl 12mcg/hr Patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for Fentanyl 12mcg/hr Patch #10 is not medically necessary. According to the California MTUS Guidelines, Duragesic is not recommended as a first line therapy. Guidelines further indicate that the FDA approved product states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker was noted to have been on fentanyl patch for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker would require the transdermal patch for continuous opioid pain that was not managed by other means. Furthermore, the guidelines do not recommend it as a first line therapy. Based on the guidelines not recommending it as a first line therapy option, and lack of documentation to indicate the patient needed continuous opioid analgesia to manage pain as other means have failed, the request is not supported by the evidence based guidelines. There was a lack of documentation of objective benefit and an objective decrease in pain. In addition, the request fails to specify a body region for the medication. The request as submitted failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.