

Case Number:	CM14-0200167		
Date Assigned:	12/10/2014	Date of Injury:	12/03/1997
Decision Date:	01/29/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 55-year-old gentleman with a date of injury of 12/03/1997. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/16/2014 indicated the worker was experiencing lower back pain that went into the left leg. The documented examination described decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from degenerative lumbar disk(s), lumbar foraminal stenosis, lower back pain, and sciatica. Treatment recommendations included intrathecal pain medication, evaluation by a neurosurgeon, and increased dermal opioid pain medication to be adjusted by the worker. A Utilization Review decision was rendered on 11/15/2014 recommending non-certification for unspecified toxicological testing and modified certification for thirty Duragesic (fentanyl) 25/mcg/h patches. A supplemental treating physician letter dated 11/10/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg/hr patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95,124.

Decision rationale: Duragesic (fentanyl) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. These records reported this medication did not improve the worker's pain intensity or function. Treatment recommendations included the worker increasing this medication without careful monitoring by the treating physician during these adjustments. There was no documented individualized risk assessment. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Duragesic (fentanyl) 25/mcg/h patches is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation coupled with the nature of this dermal medication, an individualized taper should be able to be completed with the medication the worker has available and/or an alternate oral opioid medication.

1 Toxicological testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80,94-95.

Decision rationale: The MTUS Guidelines encourage the use of urine toxicology screens before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications. The Guidelines support the use of random urine toxicology screening as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. This request did not specify the type of toxicological testing requested. As a result, the current request for unspecified toxicological testing is not medically necessary.