

Case Number:	CM14-0207767		
Date Assigned:	12/19/2014	Date of Injury:	01/13/1986
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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 Interventional spine 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:

The patient is an 82 year old male with an injury date of 01/13/86. Both the 09/15/14, 10/13/14, and 11/24/14 progress reports indicate that the patient has cervical spine pain. His cervical spine "showed abnormalities... had an abnormal appearance... ROM abnormal... cervical spine pain was elicited by motion." No further positive exam findings were provided. The patient is currently taking Tylenol with Codeine, Tramadol HCl, Omeprazole, Niaspan, OcuVite, Miralax, Lisinopril, Fentanyl patch, Cyclobenzaprine, Aspirin, and Amlodipine Besylate. The patient's diagnoses include the following: 1. Cervical disc degeneration 2. Lumbar disc degeneration 3. Chronic pain The utilization review determination being challenged is dated 12/08/14. Treatment reports are provided from 01/10/13- 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in his cervical spine. The request is for NORCO 5/325 MG #30. His cervical spine "showed abnormalities had an abnormal appearance. ROM abnormal and cervical spine pain was elicited by motion." MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 09/15/14 report says "patient states that the amount of pain medication is enough to make a real difference in their life. Patient states that their overall impression is that they're benefitting from chronic pain medication therapy." The patient had a urine drug screen on 10/13/14 which had normal results. Although the treater provided a general statement regarding how the patient's medications is "enough to make a real difference," not all 4 A's are addressed as required by MTUS guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. The patient did have a urine drug screen on 10/13/14 which revealed that he was compliant with his medications. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Norco IS NOT medically necessary.

Fentanyl 50mcg patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Fentanyl transdermal Page(s): 76-78, 88-89; 93.

Decision rationale: The patient presents with pain in his cervical spine. The request is for FENTANYL 50 MCG PATCH #15. His cervical spine "showed abnormalities had an abnormal appearance. ROM abnormal and cervical spine pain was elicited by motion." The MTUS, Fentanyl transdermal, Page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS)." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 09/15/14 report says "patient states that the amount of pain medication is enough to make a real difference in their life. Patient states that their overall impression is that they're benefitting from chronic pain medication therapy." The patient had a urine drug screen on 10/13/14 which had normal results. Although the treater provided a general statement regarding how the patient's medications is "enough to make a real difference," not all 4 A's are addressed as required by

MTUS guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. The patient did have a urine drug screen on 10/13/14 which revealed that he was compliant with his medications. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Fentanyl patch IS NOT medically necessary.