

Case Number:	CM15-0002790		
Date Assigned:	01/13/2015	Date of Injury:	05/26/1997
Decision Date:	03/16/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female with a reported date of injury of 05/26/1997. The mechanism of injury was a slip on gravel and fall in a hole with the right foot. Her diagnoses included chronic pain syndrome; reflex sympathetic dystrophy of the lower limb; pain in joint, site unspecified; lumbosacral spondylosis without myelopathy. Her past treatments have included rest, ice, activity modifications, pain medications, trigger point injections, lumbar sympathetic blocks, and AFO brace for her ankle. Her recent diagnostic studies have included x-rays of the right ankle on 11/04/2014; x-ray of the right foot on 11/04/2014. Her surgical history included surgical fusion of the right ankle, removal of infected hardware, refusion of the ankle, subsequent removal of hardware again in 01/2005, and surgical treatment of her osteomyelitis on her ankle. She has undergone arthroscopic knee surgery on both knees. The progress report dated 01/08/2015 documented the injured worker complained of pain on average rated at 6/10, worst pain was 9/10, and least pain was 4/10. She stated her sleep pattern was worse and her functionality was worse. Her physical exam findings included range of motion of the right ankle nearly 100% absent; severe tenderness on palpation of the left and right knee joints. Her medications included hydrocodone/acetaminophen tablet 10/325 mg, fentanyl patch 50 mcg/hour. Her treatment plan included continue diet modifications with goal of weight reduction, encourage daily deep breathing exercises, adequate hydration, and stress reduction techniques. The rationale for the request was pain relief. The Request for Authorization form was signed and dated in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl 25mcg patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The request for 1 prescription of fentanyl 25 mcg patches #15 was not medically necessary. The California MTUS Guidelines state the criteria for long term users of opioids include reassessment, strategy for maintenance, and visit frequency. The documentation indicated the injured worker's diagnosis had not changed other than an increase in tolerance to pain medication and continued worsening of her condition. The guidelines for long term use of opioid management indicate documentation of pain and functional improvement is needed to compare to baseline. Documentation of adverse effects. Monitor for indications of a need to use a screening instrument for abuse or addiction. The guidelines also state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment in the medical record. There is also a lack of documentation regarding urine drug screen, review of CURES report, and an updated pain contract. The documentation submitted for review indicated the injured worker had recently been increased to fentanyl 50 mcg patches. Therefore, the request for fentanyl 25 mcg patches is not supported. The request for fentanyl 25 mcg patches is not medically necessary.

1 prescription of Fentanyl 50mcg patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The request for 1 prescription of fentanyl 50 mcg patches #15 is not medically necessary. The California MTUS Guidelines state the criteria for long term users of opioids include reassessment, strategy for maintenance, and visit frequency. The documentation indicated the injured worker's diagnosis had not changed other than an increase in tolerance to pain medication and continued worsening of her condition. The guidelines for long term use of opioid management indicate documentation of pain and functional improvement is needed to compare to baseline. Documentation of adverse effects. Monitor for indications of a need to use a screening instrument for abuse or addiction. The guidelines also state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the

occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment in the medical record. There is also a lack of documentation regarding urine drug screen, review of CURES report, and an updated pain contract. The request included fentanyl 50 mcg patches #15. This medicated patch is to be used for 72 hours. A 1 month supply would equal 10 patches; 15 patches would equal a month and a half. The request for 1 prescription of fentanyl 50 mcg patches #15 is not supported at this time. This medication is recommended for weaning. The request for 1 prescription of fentanyl 50 mcg patches #15 is not medically necessary.