

Case Number:	CM15-0008701		
Date Assigned:	01/26/2015	Date of Injury:	05/25/1989
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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

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 69 year old male, who sustained an industrial injury on 05/25/1989. The diagnoses have included post lumbar laminectomy syndrome, lumbago, and lumbar/lumbosacral intervertebral disc degeneration. Noted treatments to date have included medications. No diagnostics studies noted in received medical records. In a progress note dated 11/10/2014, the injured worker presented with complaints of chronic low back pain. The treating physician reported the injured worker was currently using a 25mch/h duragesic patch but anticipates continued increase in pain as a result of colder weather. The physician also stated that the injured worker is doing well with his current medications but pain has increased and will trial and increased dose of Fentanyl to 50mcg. Utilization Review determination on 12/19/2014 non-certified the request for Fentanyl Patches 50mcg/h citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 50mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 93, 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Fentanyl transdermal (Duragesic) Page(s): 88-89, 44.

Decision rationale: The patient presents with low back pain rated at 9/10. The request is for FENTANYL PATCHES 50MCG. The request for authorization is not available. The patient is status-post back surgery, date unknown. The patient moves well, but does have decreased LS spinal mobility. Moderate muscle spasm in the thoracic and lumbar paraspinal muscles is present. Straight-leg raise is negative bilaterally. The patient's medications include Aspirin, Oxygen, Lipitor, Latanoprost, Dexilant, Zoloft, Nitrostat, Atorvastatin, Albuterol Sulfate, Ferrous Fumarate, Xeljanz, Folic Acid, Magnesium Oxide, Calcium Carbonate-D3 and Duragesic. The patient's work status is not available. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A'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. Per progress report dated 11/10/14, treater's reason for the request is "pain has increased and so we will trial an increased dose of Fentanyl to 50 mcg/h." The patient has been prescribed Fentanyl patches since at least 07/14/14. Treater states last UDS, CURES and opioid pain contract was done on 03/17/14 but documentation was not provided for review. MTUS requires appropriate discussion of the 4A's, and in this case, treater documents patient is not having side effects from the medication nor is aberrant behavior present. However, in addressing the 4A's, treater has not discussed how the Fentanyl patches significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Fentanyl patches. No validated instrument has been used to show functional improvement. And no change in work status or return to work. MTUS further requires some response in terms of analgesia and ADL's before an opiate is to be titrated. This patient has increased pain with the use of opiates. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.