

Case Number:	CM15-0102934		
Date Assigned:	06/05/2015	Date of Injury:	10/31/2000
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 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 56 year old male, who sustained an industrial injury on 10/31/2000. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having L4-5 pseudoarthrosis, L3-4 segment degeneration, status post fusion at L3-4 and L4-5, chronic intractable pain, and narcotic dependence. Treatment and diagnostics to date has included lumbar surgery and medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of ongoing mild to lower back pain which radiates down the right lower extremity and rated 9 out of 10 without use of medications and reduced to 4-5 out of 10 with use of his medications. It is also noted that he has been approved for an inpatient detoxification program and currently pending scheduling. Objective findings include healed lumbar incisions, lumbar tenderness, and positive right straight leg raise test. The treating physician reported requesting authorization for Dilaudid and Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg #12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management (Fentanyl transdermal) Page(s): 78 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with diagnoses of L4-5 pseudoarthrosis, L3-4 segment degeneration, status post fusion at L3-4 and L4-5, chronic intractable pain, and narcotic dependence. The patient currently complains of ongoing mild to lower back pain, which radiates down the right lower extremity. The patient has been approved for an inpatient detoxification program and currently pending scheduling. The current request is for Fentanyl 100mcg #12. The treating physician states in his 4/21/15 (136B) treating report, "The patient will be contacted in the near future for scheduling of the approved Inpatient Detox program. In the meantime, the patient will be provided with a new prescription for Fentanyl patch 100mcg 1 patch Q 48 hours #12, this will allow the patient to be scheduled for the inpatient detox program. The patient does meet the four A's of pain management care, has a pain contract and does provide random urine drug screens which will be performed today and review with the patient on his follow up evaluation". The patient is permanent and stationary but his work status is unknown. MTUS Guidelines recommend Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. For chronic opiate use, MTUS Guidelines 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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, consistent with MTUS Guidelines, the treating physician documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary.

Dilaudid 8mg #216: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with diagnoses of L4-5 pseudoarthrosis, L3-4 segment degeneration, status post fusion at L3-4 and L4-5, chronic intractable pain, and narcotic dependence. The patient currently complains of ongoing mild to lower back pain, which radiates down the right lower extremity. The patient has been approved for an inpatient detoxification program and currently pending scheduling. The current request is for Dilaudid 8mg #216. Dilaudid (hydromorphone) is an opioid pain medication. The treating physician states in his 4/21/15 (136B) treating report, "The patient will be contacted in the near future for scheduling of the approved Inpatient Detox program. In the meantime, the patient will be provided with a new prescription for Fentanyl patch 100mcg 1 patch Q 48 hours #12 and Dilaudid 8 mg 1-2 p.o. Q 4 hours #216. This will allow the patient to be scheduled for the inpatient detox program. The

patient does meet the four A's of pain management care, has a pain contract and does provide random urine drug screens which will be performed today and review with the patient on his follow up evaluation". The patient is permanent and stationary but his work status is unknown. For chronic opiate use, MTUS Guidelines 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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, consistent with MTUS Guidelines, the treating physician documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary.