

<b>Case Number:</b>	CM15-0103490		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 55 year old female injured worker suffered an industrial injury on 04/05/2005. The diagnoses included herniated cervical disc and thrombocytopenia with cirrhosis of the liver. The injured worker had been treated with epidural facet injections. On 12/2/2015 the treating provider reported cervical spine pain and cough. The treatment plan included Fentanyl patch and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl DIS 50mcg/hr #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**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 was injured on 04/05/15 and presents with cervical spine pain and a cough. The request is for FENTANYL DIS 50 MCG/HR #30. There is no RFA provided and the patient's recent work status is not provided. There is no indication of when the patient began taking this medication and the report with the request is not provided.

There are two progress reports provided from 11/04/14 and 12/02/14. MTUS Guidelines page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate 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 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 patient is diagnosed with herniated cervical disc and thrombocytopenia with cirrhosis of the liver. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before and after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Fentanyl is not medically necessary.

**Oxycontin 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**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 was injured on 04/05/15 and presents with cervical spine pain and a cough. The request is for OXYCONTIN 40 MG #60. There is no RFA provided and the patient's recent work status is not provided. There is no indication of when the patient began taking this medication and the report with the request is not provided. There are two progress reports provided from 11/04/14 and 12/02/14. 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 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 patient is diagnosed with herniated cervical disc and thrombocytopenia with cirrhosis of the liver. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxydone is not medically necessary.