

Case Number:	CM15-0103587		
Date Assigned:	06/08/2015	Date of Injury:	08/25/2008
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	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, Pain Management

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 42-year-old male, who sustained an industrial injury on 8/25/08. The diagnoses have included lumbago, pain in shoulder joint, lumbar spinal stenosis, right inguinal hernia repair 5/15/09 and abdominal pain in the right lower quadrant. Treatment to date has included medications, activity modifications, and diagnostics, off work, surgery, physical therapy, conservative care and home exercise program (HEP). Currently, as per the physician progress note dated 4/10/15, the injured worker complains of continued low back pain, right shoulder pain with radiation to the neck, lower abdominal and groin pain especially area of inguinal hernia repair and pain into the right scrotum. He reports having difficulty sleeping at night due to pain and would like to try Fentanyl patch for pain. He reports night sweats, abdominal pain, numbness and depression. The objective findings were unremarkable. The current medications included Prilosec, Docusate sodium and Fentanyl patch. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Fentanyl 12mcg/hour patches quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg/hr patches quantity 10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about a trial of opioid therapy: "Steps to Take Before a Therapeutic Trial of Opioids: (a) Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain. (b) A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. (c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. (e) Pain related assessment should include history of pain treatment and effect of pain and function. (f) Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. (g) The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. (h) The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. (i) A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain. See Guidelines for Pain Treatment Agreement. This should include the consequences of non-adherence. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. (3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. "In the case of this worker, the debate is over the Fentanyl 12mcg/hr patches. The patient is documented as having severe pain, which is present the majority of the day. It should be noted that lesser pain medications including partial narcotics have been trialed in this case. The patient had no benefit from tramadol/APAP. The patient was on Butrans with reported analgesic and functional benefit, but according to the notes, this was denied. Therefore, a trial of Fentanyl 12mcg/hr patches is medically necessary. It should be noted that functional goals should be clearly defined and if they are not achieved, weaning narcotics is in order.