

Case Number:	CM15-0108252		
Date Assigned:	06/12/2015	Date of Injury:	09/16/2009
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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 50 year old female who sustained an industrial injury on 9/16/09. The injured worker was diagnosed as having chronic low back pain status post-lumbar spine surgery. Currently, the injured worker was with complaints of lower back pain. Previous treatments included status post lumbar spine surgery and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for an antalgic gait, stiffness, tightness and tenderness noted to the lumbosacral spine as well as decreased range of motion. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco soft capsule 2 capsules QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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

Decision rationale: The patient presents with extreme aggravation of pain at times becoming unbearable in the low back. The current request is for Norco soft capsule, 2 capsules QD #60. UR modified the request to Norco soft capsule, 2 capsules QD #30 for weaning and/or the submission of support documentation. The treating physician requests on 4/1/15 (17B), Norco 10/325 mg as needed for breakthrough pain. For chronic opiate use, 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 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, the treating physician documents that the fentanyl patches alone do not help to adequately control the patient's pain, but with the assistance of the Norco the patient does much better. However, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Fentanyl patch 25mcg 1 patch every 72 hours #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

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

Decision rationale: The patient presents with extreme aggravation of pain at times becoming unbearable in the low back. The current request is for Fentanyl patch 25mcg 1 patch every 72 hours #10. UR modified the request to Fentanyl patch 25mcg 1 patch every 72 hours #6. for weaning and/or the submission of support documentation. The treating physician requests on 4/1/15 (17B), Fentanyl patch 25 mcg one patch q. 72 hours #10. MTUS guidelines for Duragesic state: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." For chronic opiate use, 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 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 there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. There is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. Additionally, rationale was not provided as to why this patient required around the clock opioid therapy. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

