

Case Number:	CM15-0108946		
Date Assigned:	06/15/2015	Date of Injury:	02/12/2001
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on 2/12/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical, thoracic and lumbar post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/29/2015, the injured worker complains of neck pain with radiation to the bilateral upper extremities and low back pain with radiation to the bilateral lower extremities. The back pain was rated 9/10 without medications and 4/10 with medications. Physical examination showed tenderness in the thoracic area, lumbar area and trapezius. The treating physician is requesting 2 prescriptions of Fentanyl Patch 100 MCG/HR transdermal patch #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100 MCG/HR transdermal patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fentanyl patch 100 g per hour transdermal #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are headache, cervical post laminectomy syndrome, chronic pain syndrome, thoracic post laminectomy syndrome; and lumbar post laminectomy syndrome. The injured worker is being treated for chronic neck pain mid back pain and low back pain. Current medications include Ambien, Soma, Fentanyl 100 g, fentanyl 75 g, lidocaine patch, omeprazole, oxycodone IR 15 mg, promethazine, rizatriptan, Senna, and Topamax. Fentanyl is FDA approved for management of chronic pain where continuous opiate analgesia cannot be managed by other means. The injured worker has been taking oxycodone IR and fentanyl 175 g long-term without any quantifiable objective functional improvement. Additionally, the morphine equivalent dose (MED) should not exceed 120. The MED based on the fentanyl and oxycodone IR totaled 600. Two Fentanyl 100 g prescriptions were requested. The documentation indicates the injured worker is moving to Tennessee, but it is unclear why 2 prescriptions were specifically issue. Also, fentanyl is a Q 72 hour transdermal patch. The treating provider prescribed fentanyl Q 48 hours. Prior utilization reviews made recommendations to wean the opiates fentanyl and oxycodone IR. Despite the recommendations to wean, the treating provider continued to prescribe full strength fentanyl and oxycodone IR to the injured worker. Consequently, absent clinical documentation with objective functional improvement to support ongoing fentanyl patch 100 g, dosing every 48 hours instead of every 72 hours and an MED of 600 (normal 120), fentanyl patch 100 g per hour transdermal #15 is not medically necessary.

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