

Case Number:	CM15-0132298		
Date Assigned:	07/20/2015	Date of Injury:	08/21/2008
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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 injured worker is a 65 year old male, who sustained an industrial injury on 8-21-2008. Diagnoses have included cervical facet syndrome, cervical pain, spinal-lumbar degenerative disc disease, sacroiliac pain and spasm of muscle. Treatment to date has included cervical epidural steroid injection and medication. According to the progress report dated 12-30-2014, the injured worker complained of neck pain and lower backache. He rated his pain with medications as eight out of ten and without medications as nine out of ten. Quality of sleep was poor. His activity level had decreased. Objective findings revealed an antalgic, unsteady gait. Exam of the cervical spine revealed restricted range of motion, tenderness, spasms and trigger points. Exam of the thoracic spine revealed spinous process tenderness at T8. Exam of the lumbar spine revealed restricted range of motion, tenderness, spasms and trigger points. The injured worker reported that his pain increased every month. He stated that his medications helped his pain. Authorization was requested for Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 75mcg/hr Day supply: 30 Qty: 10 Refills: 0 Rx date 6/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 65 year old patient complains of neck and lower back pain, rated at 8/10 with medications and 9/10 without medications, as per progress report dated 12/30/14. The request is for FENTANYL DIS 75 mcg/hr DAY SUPPLY: 30 QTY: 10 REFILLS: 0 RX DATE 06/20/15. There is no RFA for this case, and the patient's date of injury is 08/21/08. The patient is also suffering due to poor quality of sleep and reduced activity, as per progress report dated 12/30/14. Current medications included Sertraline, Tegaderm, Colace, Senokot, Voltaren gel, Cymbalta, Lyrica, Naproxen, Carisoprodol, Trazodone, Fentanyl patch, Hydrocodone, Levothyroxine, Simvastatin, and Relistor. Diagnoses included cervical facet syndrome, cervical pain, lumbar degenerative disc disease, sacroiliac pain, muscle spasm, and mood disorder. The patient is status post C5-6 fusion. The progress report does not discuss the patient's work status. 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 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. In this case, only one progress report dated 12/30/14 has been provided for review. The report documents the use of Fentanyl patch along with other medications. The treater states that medications produce "adequate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including Self Care and household tasks with the medications which is reflected in improved capability for daily functional activities." The patient does not suffer from any side effects. The report, however, indicates that the patient's pain is rated at 8/10 with medications and 9/10 without medications. This one-point difference is not very significant. Additionally, the treater does not provide specific examples that reflect improvement in function. No CURES and UDS reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request IS NOT medically necessary.