

Case Number:	CM15-0133115		
Date Assigned:	07/24/2015	Date of Injury:	10/16/2012
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30-year-old male who sustained an industrial injury on 10/16/12. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar spine surgery, and a median branch block injection. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include lumbar spondylosis, sciatica, and disorders of the sacrum. In a progress note dated 05/18/15, the treating provider reports the plan of care as medications including Fentanyl, Lunesta, and Norco, as well as a radiofrequency facet injection. The requested treatments include Norco and Fentanyl patches. The documentation supports that the injured worker has been on Norco and Fentanyl patches since at least 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transdermal Patch Page(s): 45.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fentanyl <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Fentanyl "Not recommended for musculoskeletal pain. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Due to significant side effects, not for use in routine musculoskeletal pain. For more information and references, see Opioids for general guidelines, as well as specific Fentanyl listing for more information and references. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); Fentora (fentanyl buccal tablet); & Onsolis (fentanyl buccal film). On Jan 7, 2011, the FDA approved an immediate-release transmucosal tablet formulation of fentanyl (Abstral; ██████████) for the management of breakthrough cancer pain. Because Abstral is subject to abuse and misuse, the product was approved with a risk evaluation and mitigation strategy (REMS) that includes a restricted distribution program requiring registration of prescribers, pharmacies, and patients. It is not recommended as a first-line agent for musculoskeletal pain. (FDA, 2011) The DEA has issued a nationwide alert about the dangers of fentanyl, saying that drug incidents and overdoses related to fentanyl are occurring at an alarming rate throughout the U.S. and represent a significant threat to public health and safety. According to the National Forensic Laboratory Information System, state and local laboratories reported 3,344 fentanyl submissions in 2014, up from 942 in 2013. Fentanyl is the most potent opioid available for use in medical treatment, 50 to 100 times more potent than morphine, and 30 to 50 times more potent than heroin. Fentanyl is extremely dangerous to law enforcement and anyone else who may encounter it. (DEA, 2015)" There is no documentation of the need for high dose of opioids. There is no justification for the use of high dose of opioids including fentanyl. There is no documentation of pain and functional improvement with previous use of Fentanyl. There is no documentation of monitoring for side effects and compliance of the patient with his medications. Therefore, the request for Fentanyl patch 50 mcg/hr #10 is not medically necessary.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to

the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Norco 10/325 mg #60 is not medically necessary.