

Case Number:	CM15-0137506		
Date Assigned:	07/27/2015	Date of Injury:	09/16/2005
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41 year old female, who sustained an industrial injury on 9/16/05. She reported pain in her lower back and right lower extremity. The injured worker was diagnosed as having lumbar spinal stenosis, post lumbar laminectomy syndrome and neuralgia neuritis. Treatment to date has included several lumbar epidural injections, physical therapy and a sacroiliac joint injection. Current medications include Docusate, Gabapentin, Fentanyl and Oxycodone/Acetaminophen since at least 2/12/15. On 4/14/15, the injured worker rated her pain a 6/10 with medications and an 8/10 without medications. As of the PR2 dated 6/22/15, the injured worker reports pain in the lower back and right lower extremity. Objective findings include decreased lumbar range of motion and decreased sensation in the right S1 distribution. The treating physician requested Fentanyl 50mcg patch #15 and Oxycodone/Acetaminophen 10- 325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 4/14/15, it is noted that the injured worker's pain level without medications was 8/10 and 6/10 with medications. Multiple improvements in function are noted including family/home responsibilities, recreation, social activity, self-care, and sleep. It is noted that the injured worker has a signed opiate agreement on the chart and that UDS and CURES have been appropriate. However, it is noted that the use of Fentanyl patch and Oxycodone/APAP equates to a morphine equivalent dose of 210, which exceeds the guideline recommended maximum of 120 MED. Furthermore, as Fentanyl patch is not recommended as a first-line therapy, the request is not medically necessary.

Oxycodone/Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 4/14/15, it is noted that the injured worker's pain level without medications was 8/10 and 6/10 with medications. Multiple improvements in function are noted including family/home responsibilities, recreation, social activity, self-care, and sleep. It is noted that the injured

worker has a signed opiate agreement on the chart and that UDS and CURES have been appropriate. It is noted that the use of Fentanyl patch and Oxycodone/APAP equates to a morphine equivalent dose of 210, which exceeds the guideline recommended maximum of 120 MED. Thus, Fentanyl patch has not been approved. The request for Oxycodone/APAP is medically necessary as it does relieve the injured worker's pain and improves function.