

Case Number:	CM15-0138000		
Date Assigned:	07/27/2015	Date of Injury:	04/04/1999
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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 62 year old male, who sustained an industrial injury on 4/4/99. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain; chronic kidney disease; narcotic dependence; chronic pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 3/24/15 indicated the injured worker presented on this date for a three-month follow-up and medication refill. The injured worker reports he has not noticed much change since starting testosterone 6 weeks ago. He has a medical history of hypertension, BPH, back pain chronic, neck pain chronic, LBBB, actinic keratosis, pylori, chronic renal insufficiency; narcotics, dysplastic nevus and melanoma on his back. The provider documents the injured worker has had a lumbar spine fusion at 3 levels in 1999-2000, prostatic biopsy, prostate vaporization 3 times, melanoma removed from his back in 2012, laser treatments to his face for actinic keratosis and removal of a basal cell from his nose in 2015. His treatment plan included medications including Fentanyl Patch 72 hours/25mcg/hr for his chronic pain. The provider is requesting authorization of Retrospective Fentanyl DIS 12mcg/hr for date of service 5/11/15; Retrospective Fentanyl DIS 25mcg/hr for date of service 5/11/15; Fentanyl DIS 12mcg/hr and Fentanyl DIS 25mcg/hr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fentanyl DIS 12mcg/hr (DOS 5-11-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 76-80, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/04/99 and presents with low back pain and neck pain. The retrospective request is for FENTANYL DIS 12 MCG/HR (DOS: 05/11/15). The RFA is not provided and the patient's current work status is not provided. He has been using Fentanyl patches as early as 05/29/14 and treatment reports are provided from 05/29/14 to 07/30/15. MTUS page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 12/23/14 report states that the patient "wants to decrease his Fentanyl patch from 50 + 12.5 to 50 mcg." The 06/09/15 report indicates that the patient has "been on Fentanyl patch for many years; he is slowly reducing the dose with the hope of coming off Fentanyl sometime over the next year or so." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. Although the treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use, the treater is attempting to taper off the patient's medication. Therefore, the requested Fentanyl patch IS medically necessary.

Retrospective Fentanyl DIS 25mcg/hr (DOS 5-11-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 76-80, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/04/99 and presents with low back pain and neck pain. The retrospective request is for FENTANYL DIS 25 MCG/HR (DOS: 05/11/15). The RFA is not provided and the patient's current work status is not provided. He has been using Fentanyl patches as early as 05/29/14 and treatment reports are provided from 05/29/14 to 07/30/15. MTUS page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 12/23/14 report states that the patient "wants to decrease his Fentanyl patch from 50 + 12.5 to 50 mcg." The 06/09/15 report indicates that the patient has "been on Fentanyl patch for many years; he is slowly reducing the dose with the hope of coming off Fentanyl sometime over the next year or so." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. Although the treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use, the treater is attempting to taper off the patient's medication. Therefore, the requested Fentanyl patch IS medically necessary.

Fentanyl DIS 12mcg/hr: Overturned

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

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Fentanyl DIS 25mcg/hr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 76-80, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

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