

Case Number:	CM15-0138250		
Date Assigned:	07/28/2015	Date of Injury:	12/24/1991
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 76 year old male who sustained an industrial injury on 12-24-91. Diagnoses are chronic lumbar laminectomy pain syndrome, chronic neck pain, and chronic pain syndrome. In a progress report dated 5-13-15, the treating physician notes he continues to have increasing lower back pain. He wants to extend physical conditioning but lacks motivation. There was a discussion with the injured worker about reduction of pain medications with physical conditioning. Current pain medications are Fentanyl, OxyContin, Oxycodone, and Roxicet. He has gone through a functional multidisciplinary pain program. He has had removal of the spinal cord stimulator. He has tenderness over the superior trapezius and levator scapulae on movement. He has tenderness over the right lower ileolumbar area over the L5 lumbar facet. A CURES report 5-5-15 is consistent for medications and provider. The requested treatment is Fentanyl 100mcg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was insufficient documentation provided in recent notes to show this full review was completed regarding his opioid use, including his Fentanyl. There was no report found of measurable functional gains or pain level reduction directly related to this medication to help support its continuation chronically as it had been used previously. Also, considering the total dosages of his opioids used, it exceeds the 120 mg of oral morphine equivalents per day. Also, considering the worker's age and associated risks with dependence to opioids, weaning from opioids in general is recommended for this worker. Therefore, the request for 100 mcg Fentanyl, #15 is not medically necessary. Weaning is, however, recommended.