

Case Number:	CM15-0143662		
Date Assigned:	08/04/2015	Date of Injury:	04/04/2001
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California
 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 68 year old male patient who sustained an industrial injury on April 04, 4001. The patient was prescribed Fentanyl 50 mcg #5, and Vicodin 5mg 300mg # 40. Chief complaint noted "it hurts" due to the weather being cold. The following treating diagnoses were applied: degenerative disc disease with associated low back pain; bilateral knee degenerative joint disease; osteoarthritis, and gastroesophageal reflux. The plan of care noted following up with gastroenterologist for colonoscopy; refilled fentanyl patches, and Vicodin; trial of Omeprazole, and continue Motrin. At a following visit the patient reports not being able to obtain medications as they were denied and she is terribly upset. She states that the current regimen of medication which includes the increase in Vicodin from 3 to 4 pills daily she is with noted 70% improvement in pain particularly with the use of Fentanyl combined. She denies any ill side effects and urine drug screen performed on January 06, 2015 is consistent with prescribed. She also states the Omeprazole addition is really made a difference in her gastric complaint. The working diagnoses were: cervical degenerative disc disease; cervical radiculopathy versus carpal tunnel syndrome; lumbar degenerative disc disease; gastro esophageal reflux disease; medical comorbidities; disabled; myofascial pain; osteoarthritis, shoulder. The plan of care noted obtaining continued urine drug screens; refill Fentanyl, Vicodin, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Vicodin and other short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of failure of long-acting oral opioids or weaning attempt. Continued use of Fentanyl is not medically necessary.

Vicodin 5/300mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for a year without significant improvement in pain or function in several months in combination with Fentanyl. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Vicodin is not medically necessary.