MAXIMUS Federal Services

Case Number:	CM15-0145857		
Date Assigned:	08/06/2015	Date of Injury:	01/09/1998
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic neck, low back, and upper back pain reportedly associated with an industrial injury of January 9, 1998. In a Utilization Review report dated July 13, 2015, the claims administrator partially approved a request for fentanyl, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form received on July 6, 2015 in its determination, along with an associated progress note of July 1, 2015. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing issues with chronic pain syndrome. The applicant was described as mostly bedridden without her medications. The applicant contended that she would be unable to put on her clothes without her medications. The attending provider contended that the applicant's usage of chronic pain medications allowed her to perform various activities of daily living, including yoga. The applicant was, however, off of work, and reported that the note was difficult to follow as it mingled historical issues with current issues. The applicant had had drug testing in November 2014 which was positive for both alcohol and Soma. The applicant stated that she did continue to drink sparingly, during special occasions. The applicant was described as disabled, it was reported in the Social History section of the note. The applicant was given a refill of fentanyl. The applicant's medication list included fentanyl, Flexeril, Cymbalta, Xanax, Dilaudid, and Norco, it was reported, several of which were continued and/or renewed. On June 3, 2015, it was again acknowledged that the applicant was off of work. The attending provider referenced the historical drug testing of November 2014 was positive for both Soma and alcohol. The attending provider then contended that the applicant's ability to perform

home exercises, including aquatic therapy, was ameliorated as a result of ongoing medication consumption. The applicant was deemed disabled, it was reported in the Social History section of the note. The applicant was using the spinal cord stimulator, it was reported. The applicant was asked to continue Flexeril, Cymbalta, Dilaudid, Norco, and Duragesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl patches 50mcg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Opioids, indicators for addiction; Carisoprodol (Soma); 4) On-Going Management Page(s): 80; 88; 29; 78.

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed disabled, it was reported on both June 3, 2015 and August 5, 2015. While the attending provider stated that the applicant's medication consumption was beneficial in terms of ameliorating the applicant's ability to perform gym exercises, these reports, however, outweighed by the applicant's failure to return to work and the attending provider's commentary on August 12, 2015 to the effect that the applicant was mostly bedridden without her medications. The attending provider's commentary to the effect that the applicant's ability to put on her clothing and/or commentary to the effect that the applicant was bedridden without her medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing opioid therapy. Page 88 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that concurrent usage of alcohol with opioids does represent a marker of adverse behavior and a possible indicator of opioid addiction. Here, the applicant had tested positive for alcohol, it was reported on progress notes of August 12, 2015 and June 3, 2015. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against concomitant usage of Soma and opioids. Here, the applicant was also described as having tested positive for Soma, it was reported on office visits of June 3, 2015 and August 5, 2015. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the attending provider did not, however, set forth a clear or compelling case for concomitant usage of two separate short-acting opioids, Norco and Dilaudid, plus fentanyl, a long-acting opioid, in either progress note of August 12, 2015 or June 3, 2015. All of the foregoing, taken together, strongly suggested that discontinuation of fentanyl (Duragesic) represented a more appropriate option than continuing the same. Therefore, the request was not medically necessary.