

Case Number:	CM15-0148349		
Date Assigned:	08/11/2015	Date of Injury:	01/12/2008
Decision Date:	09/11/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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 43-year-old male, who sustained an industrial injury on 01-12-2008. He has reported injury to the head, neck, and low back. The diagnoses have included post-concussive syndrome; neck pain; cervical disc degeneration; lumbar disc degeneration; unspecified major depression; anxiety disorder; pain atypical, face; status post laser retinal detachment surgery, on 11-11-2008; and status post surgical repair of degloving injury to forehead with glia exposure. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, acupuncture, psychotherapy, physical therapy, home exercise program, and surgical intervention. Medications have included Hydrocodone, Buprenorphine, Fentanyl Patch, Topamax, Relafen, Imitrex, Mirtazapine, Nuvigil, Ketamine 5% Cream, Docusate Sodium, and Protonix. A progress report from the treating physician, dated 07-14-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continuing neck pain, low back pain, and head pain; he has completed six sessions of physical therapy so far; he is sore from the treatment and cannot tell if he has noticed improvement as of yet; he continues to have headaches on a daily basis; he has been taking Topamax twice daily with only modest improvement; he continues to have low back pain, which increases depending on his activities; the Fentanyl patches have decreased his pain by approximately 30%; the Fentanyl patches improve his tolerance for performing activities of daily living with less pain; he was receiving more adequate relief when he was using the 25mcg-hr patches, however he feels his condition has improved with the 12mcg-hr patches as compared to when he was going without pain medication altogether; and he also continues with Protonix for gastrointestinal upset secondary to medication use, and Docusate Sodium for constipation.

Objective findings included he is alert and oriented; does not exhibit acute distress; no gait abnormalities observed; no swelling observed in any extremity; no edema or tenderness palpated in any extremity; and there is normal muscle tone without atrophy in the left and right upper and lower extremities. The treatment plan has included the request for Fentanyl 12mcg-hr patch quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg/hr patch QTY 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version), Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Fentanyl transdermal Page(s): 88, 89, 93.

Decision rationale: The patient was injured on 11/12/08 and presents with neck pain, low back pain, and head pain. The request is for FENTANYL 12 MCG/ HR PATCH QTY 10. The utilization review denial rationale is that the patient "is complaining of unchanged pain scale while being on Fentanyl." The RFA is dated 07/16/15 and the patient's current work status is not provided. The patient has been using Fentanyl patches as early as 12/24/14 and treatment reports are provided from 12/24/14 to 07/14/15. 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. The 01/22/15 report indicates that the patient has an average pain of 6/10, which can increase to an 8/10. "He reports that the Fentanyl reduces his low back pain by about 50%." According to the 02/19/15 report, Fentanyl patches "provide approximately 30% decrease in pain which increases his tolerance for performing activities of daily living." The 03/19/15 report indicates that with Fentanyl patches, there is a 50% decrease in pain, "which allows him to increase his activity level and move better. He states that the pain relief provided by the medication, he is able to mow his lawn and do some light housework with less pain." The 04/16/15 report states that the patient rates his pain as a 7/10; however, it is a 3-4/10 with fentanyl patches. The 07/14/15 report states that the patient has a 30% decrease in pain level with fentanyl patches. The patient had a urine drug screen conducted on 07/14/15 and was consistent with his prescribed medications. In this case, all of the 4 A's are addressed as required by MTUS Guidelines. There are medication pain scales provided, examples of ADLs, which demonstrate medication efficacy, and no documented adverse behavior/side effects. The patient had a consistent UDS dated 07/14/15. The treating physician provides proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Fentanyl patch IS medically necessary.