

Case Number:	CM15-0148524		
Date Assigned:	08/11/2015	Date of Injury:	09/30/2003
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 56 year old female, who sustained an industrial injury on September 30, 2003. The injured worker was diagnosed as having cervical intervertebral disc degeneration, post lumbar laminectomy syndrome, chronic pain syndrome and knee pain. Treatment to date has included shoulder surgery, lumbar surgery, physical therapy, home exercise program (HEP) and medication. A progress note dated July 15, 2015 provides the injured worker complains of shoulder, back and knee pain. She rates her back pain 7 out of 10 with medication and 10 out of 10 without medication and radiating down the lower extremities with numbness and tingling. Physical exam notes cervical tenderness to palpation of the trapezius region and painful range of motion (ROM). There is left shoulder weakness, swelling and the use of a sling. She has an antalgic gait. There is lumbar tenderness to palpation with painful range of motion (ROM). The plan includes topical and transdermal medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.92.124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #210 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration cervical intervertebral disc; knee pain; and lumbar post laminectomy syndrome. The date of injury is September 30, 2003. Request authorization is July 15, 2015. The earliest progress note in the medical record with a fentanyl and oxycodone prescription is dated March 4, 2015. The injured worker is status post L5 - S1 microdiscectomy with fusion 2009. The injured worker had a revision August 2014 at L4 - S1. Subjectively, the injured worker has back pain 7/10 with medications. Medications include fentanyl 25 g every 72 hours and oxycodone 30 mg. On March 18, 2015, fentanyl 25 g was increased to fentanyl 75 g every 72 hours. Oxycodone remained at 30 mg. On July 15, 2015, subjectively the injured worker had ongoing back pain 7/10 with numbness and tingling. There were also complaints of knee pain and weakness. The injured worker did not attend physical therapy. Medications include fentanyl 75 g every 72 hours and oxycodone 30 mg. Objectively, there was tenderness to palpation at the paraspinal muscle groups L4 level and tenderness over the ilio-lumbar region. There is no documentation demonstrating objective functional improvement to support ongoing oxycodone. There was no attempt at weaning oxycodone 30 mg. There was no subjective improvement with continued elevated pain scores. There were no detailed pain assessments. There were no risk assessments. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Oxycodone 30 mg #210 is not medically necessary.

Fentanyl 75mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fentanyl 75 g per hour #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status,

appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration cervical intervertebral disc; knee pain; and lumbar post laminectomy syndrome. The date of injury is September 30, 2003. Request authorization is July 15, 2015. The earliest progress note in the medical record with a fentanyl and oxycodone prescription is dated March 4, 2015. The injured worker is status post L5 - S1 microdiscectomy with fusion 2009. The injured worker had a revision August 2014 at L4 - S1. Subjectively, the injured worker has back pain 7/10 with medications. Medications include fentanyl 25 g every 72 hours and oxycodone 30 mg. On March 18, 2015, fentanyl 25 g was increased to fentanyl 75 g every 72 hours. Oxycodone remained at 30 mg. On July 15, 2015, subjectively the injured worker had ongoing back pain 7/10 with numbness and tingling. There were also complaints of knee pain and weakness. The injured worker did not attend physical therapy. Medications include fentanyl 75 g every 72 hours and oxycodone 30 mg. Objectively, there was tenderness to palpation at the paraspinal muscle groups L4 level and tenderness over the ilio-lumbar region. There is no documentation demonstrating objective functional improvement to support ongoing fentanyl 75 g. There was no attempt at weaning fentanyl. There was no subjective improvement with continued elevated pain scores. There were no detailed pain assessments. There were no risk assessments. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, fentanyl 75 g per hour #10 is not medically necessary.