MAXIMUS Federal Services

Case Number:	CM15-0162144		
Date Assigned:	08/28/2015	Date of Injury:	03/07/2001
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/18/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 46 year old female, who sustained an industrial injury on March 7, 2001. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, hand and back complaints. The diagnoses have included cervical pain, cervical disc herniation, post cervical laminectomy syndrome, carpal tunnel syndrome, brachial neuritis or radiculitis, residual cervical radiculopathy, hearing and vision disturbances, thoracic spine disc herniation, lumbar fractures, advanced lumbar facet arthropathy, lumbar foraminal stenosis, anxiety disorder and sleep apnea. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy, trigger finger injections, psychotherapy, lumbar spine fusion and a cervical fusion. The injured worker was not working. Current documentation dated July 20, 2015 notes that the injured worker reported low back pain rated on average a 5 out of 10 on the visual analogue scale, which was unchanged from the prior visit. The pain was characterized as burning and stabbing. The current medication regime was noted to decreased the injured workers pain by 40%. The injured workers activity level and quality of life remained the same. Examination of the cervical spine noted that a Spurling's maneuver caused pain radiating to the upper extremity. The injured workers gait was normal. The treating physician's plan of care included requests for Fentanyl 12 mcg-hour patches # 10 and Roxicodone 30 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74--96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Fentanyl Patches are not recommended as a first-line therapy. The Fentanyl Transdermal Therapeutic System releases fentanyl, a potent opioid, slowly through the skin. Fentanyl has a potency of 80 times that of morphine. "Weaker opioids are less likely to produce side effects than stronger opioids, such as fentanyl." Fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. Opioids are not recommended for long term use without evidence of functional improvement or pain reduction. The MTUS Guidelines indicate that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. In this case, the injured worker had chronic neck and low back pain. The injured worker was noted to be prescribed Fentanyl patches since January of 2014. The documentation notes that the injured workers current pain medications reduced her pain by 40%. However, there is lack of documentation of a detailed pain assessment, including pain levels before and after the pain medication and the duration of pain relief. There is lack of documentation of functional benefit with activities of daily living with the medication. The injured workers activity level and quality of life were noted to have remained the same. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Roxicodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Roxicodone (Oxycodone) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects.

A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker was noted to have chronic neck and low back pain. The injured worker was noted to be prescribed Roxicodone since January of 2014. The documentation notes that the injured workers current pain medications reduced her pain by 40%. However, there is lack of documentation of a detailed pain assessment, including pain levels before and after the pain medication and the duration of pain relief. There is lack of documentation of functional benefit with activities of daily living with the medication. The injured workers activity level and quality of life were noted to have remained the same. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Roxicodone is not medically necessary.