

<b>Case Number:</b>	CM15-0167910		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	12/29/1998
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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:

This injured worker is a 58 year old female, who sustained an industrial injury on 12-29-1998. On provider visit dated 06-19-2015, the injured worker reported ambulating with bilateral crutches, not able to put weight on right knee. Objective findings were noted as right knee kyphoscoliosis. Thoracic and lumbar range of motion was limited deep patellar tendon was noted to have increased reflexes. A positive ankle clonus was noted as well. The injured worker was diagnosed as having chronic intractable neck pain status post cervical fusion C6-C7 with severe kyphoscoliosis and myelopathy, chronic pain syndrome and increased right knee pain. Treatments to date included Fentanyl patch and Dilaudid. The provider requested Fentanyl 100 micrograms / hour #10 for the cervical and thoracic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 100 micrograms / hour #10 for the cervical and thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 06/19/15 ambulating with crutches and unable to put weight on her right knee. The patient's date of injury is 12/29/98. Patient is status post cervical fusion at C6-7 levels at a date unspecified. The request is for FENTANYL 100 MICROGRAMS/HOUR #10 FOR THE CERVICAL AND THORACIC. The RFA was not provided. Physical examination dated 06/19/15 reveals that the patient is tearful, unable to weight bear on the right lower extremity, significant kyphoscoliosis, increased deep tendon patellar reflexes, and positive aklon clonus. The patient is currently prescribed Fentanyl and Dilaudid. Patient's current work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Fentanyl patches for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of analgesia. The most recent progress note, dated 06/19/15, does not address the efficacy of this patient's medications. The previous encounter, dated 05/22/15 has the following regarding medication efficacy: "Patient has been using her medication to help her function. She has not showed any aberrant behavior. She has good analgesia." Such vague documentation does not satisfy MTUS Guidelines, which require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence that this patient is consistent with her medications and does not display aberrant behavior. However, the provider neglects to document analgesia via a validated scale, and does not provide any activity-specific functional improvements in the most recent progress notes. While this patient presents with significant surgical history, and continued disability; without appropriate documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.