

Case Number:	CM15-0168296		
Date Assigned:	09/09/2015	Date of Injury:	02/28/2002
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	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: Family Practice

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 53 year old male who sustained an industrial injury on 2-28-2002. Medical records indicate the injured worker is being treated for cervical degenerative disc disease, cervical disc lesion, cervical facet arthropathy, and post lumbar fusion. Pain was rated an 8 out of 10 with medication per progress reported dated 8-5-2015. Pain was rated the same per progress report dated 6-2-2015. It was noted that driving increased pain as well. Physical finding dated 8-5-2015 did not comment on the cervical spine. Physical examination noted 6-2-2015 noted tenderness and spasm of the cervical paraspinals. Flexion was 75 % normal; extension was 10 % shorter than extension. There was no facet tenderness. Treatment has included medications and fentanyl since at least 12-8-2014. The utilization review form dated 8-12-2015 non-certified Fentanyl 50 mcg # 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Fentanyl. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of Fentanyl. The documented office visit of 9/2/2015 acknowledges the lack of efficacy of Fentanyl and the recommendation to consider changing to Embeda (morphine sulfate/naltrexone) in an effort to improve pain control. The treatment course of Fentanyl in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the ongoing use of Fentanyl in this patient. Treatment with Fentanyl is not medically necessary. In the Utilization Review process, the request was modified to allow for #10 patches of Fentanyl. This should facilitate a transition to a different agent.