MAXIMUS Federal Services

Case Number:	CM15-0182958		
Date Assigned:	09/23/2015	Date of Injury:	07/18/1994
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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, Pain Management

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 female, who sustained an industrial injury on 7-18-1994. The injured worker is undergoing treatment for: chronic pain syndrome, shoulder joint pain, lower leg joint pain, cervical intervertebral disc degeneration, lumbar intervertebral disc degeneration, post-laminectomy syndrome of lumbar region. Dates of records reviewed included: 3-10-15 to 8-21-15. On 6-22-2015, she reported an increase of her Norco from 2 per day to 4 per day. She rated her low back pain 7 out of 10 with medications and 10 out of 10 without medications. On 8-19-15, she reported that 2 weeks earlier her knee had given out causing her to fall and break her right wrist and elbow which is now casted. She also reported continued low back pain with radiation to the right lower extremity, and associated numbness, neck pain with radiation into the bilateral upper extremities. She rated her pain 6 out of 10 with medications and 9 out of 10 without medications. She indicated that medications "allow her to go out to walk her dog for a block, grocery and without medications she does not leave the house". Physical examination revealed crepitus, tenderness and pain with cervical range of motion, normal gait, painful range of motion of the right knee, and limited range of motion of the left knee, tenderness of the low back. The record does not discuss aberrant behaviors or side effects of medications. The treatment and diagnostic testing to date has included: medications, urine toxicology screening (8-19-15). Medications have included: Norco, Docusate, Fentanyl patches, Miralax, Lidoderm patches, Tizanidine, Trazodone, and Wal-zan. The records indicate she has been utilizing Fentanyl patches and Norco since at least March 2015, possibly longer. Current work status: she is not working. The request for authorization is for: Fentanyl 50mcg per hour, quantity 10; and

Norco 10-325mg quantity 90; Fentanyl 50mcg per hour quantity 10; and Norco 10-325mg quantity 90. The UR dated 9-8-15: non-certified the request for Fentanyl 50mcg per hour, quantity 10; and Norco 10-325mg quantity 90; Fentanyl 50mcg per hour quantity 10; and Norco 10-325mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/hr QTY 10.00: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Fentanyl 50 mcg/hr QTY 10, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. It is acknowledged, that there should be better documentation regarding side effects and discussion regarding aberrant use. However, a short prescription, as requested here, should allow the requesting physician time to document those things. In light of the above, the currently requested Fentanyl 50 mcg/hr QTY 10 is medically necessary.

Norco 10/325 mg QTY 90.00: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco 10/325 mg QTY 90.00, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. It is acknowledged, that there should be better documentation regarding side effects and discussion regarding aberrant use. However, a short prescription, as requested here, should allow the requesting physician time to document those things. In light of the above, the currently requested Norco 10/325 mg QTY 90.00 is medically necessary.

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Decision rationale: Regarding the request for Fentanyl 50 mcg/hr QTY 10, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. It is acknowledged, that there should be better documentation regarding side effects and discussion regarding aberrant use. However, a short prescription, as requested here, should allow the requesting physician time to document those things. In light of the above, the currently requested Fentanyl 50 mcg/hr QTY 10 is medically necessary.

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with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment.

Decision rationale: Regarding the request for Norco 10/325 mg QTY 90.00, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. It is acknowledged, that there should be better documentation regarding side effects and discussion regarding aberrant use. However, a short prescription, as requested here, should allow the requesting physician time to document those things. In light of the above, the currently requested Norco 10/325 mg QTY 90.00 is medically necessary.