

Case Number:	CM15-0183381		
Date Assigned:	09/24/2015	Date of Injury:	01/26/1983
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 79 year old male with an industrial injury dated 01-26-1983. A review of the medical records indicates that the injured worker is undergoing treatment for chronic multifactorial industrial base pain through the left shoulder, pelvis, and internal organs, spinal cord, left foot on an industrial basis. In a progress report dated 06-15-2015, the injured worker reported inadvertently falling approximately three weeks ago and reinjuring his lower back. The injured worker has been attending rehabilitation. Average pain level was 7 out of 10 on a visual analog scale (VAS). Sleep disturbance from pain was 6 out of 10. The injured worker reported 50 % improvement with pain medications. Physical exam (6-15-2015) revealed independent positional changes with mild degree of difficulty and ambulation with assistance of front wheel walker. According to the progress note dated 8-13-2015, presented for medication management. Average pain level was 4 out of 10 on a visual analog scale (VAS). Sleep disturbance from pain was 5 out of 10. Current Medication consists of Dilaudid, Fentanyl, Coumadin, Cymbalta, Neurontin and Trazadone. Objective findings (8-13-2015) revealed mild depression, slight anxiety, mildly impaired short term memory, changes station independently, poorly balanced and ambulates with the use of front wheel walker for assistance. Treatment has included diagnostic studies, urine drug screen on 06-16-2015, prescribed medications, rehabilitation and periodic follow up visits. The treatment plan included medication management. Medical records indicate that the injured worker has been on Dilaudid and Fentanyl since at least 2014. The treating physician prescribed Fentanyl 50 mcg patch, Qty 15 and Dilaudid 4 mg Qty 60, now under review. The utilization review dated 09-01-2015, modified the request for Fentanyl 50 mcg patch, Qty 10 (original: Qty 15) and Dilaudid 4 mg Qty 40 (original: Qty 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg patch, Qty 15: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests to facilitate appropriate weaning and allow for provision of critical elements like pain contracts, urine drug screening, and dosing adjustments that meet the standards. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the requests for Fentanyl and Dilaudid are not considered medically necessary.

Dilaudid 4 mg Qty 60: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with

documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests to facilitate appropriate weaning and allow for provision of critical elements like pain contracts, urine drug screening, and dosing adjustments that meet the standards. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the requests for Fentanyl and Dilaudid are not considered medically necessary.