

Case Number:	CM15-0185027		
Date Assigned:	09/25/2015	Date of Injury:	02/25/2000
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 02-25-2000. He has reported subsequent low back pain and was diagnosed with status post fusion L4-S1, persistent myospasms of the lumbar spine, lumbar radiculopathy, failed back syndrome and L3-L4 neural foraminal narrowing bilaterally. Treatment to date has included pain medication, physical therapy, acupuncture, injections and surgery. Work status was documented as permanent and stationary. Documentation shows that Fentanyl patch was prescribed since at least 2014. In a progress note dated 09-01-2015, the injured worker reported pain and spasms across the low back along with pain, numbness and spasm in the buttocks and bilateral thighs that was rated as 5 out of 10 during the visit and 7 out of 10 at its' highest. Medications were noted to reduce pain to a more tolerable level and improve his ability to tolerate activity with ability to walk, sit, stand and sustain activity for longer periods of time. Without medications that physician noted that he injured worker would not be able to participate in therapeutic exercises and performing even small household tasks would take significantly longer. Objective examination findings revealed significant discomfort in the lumbar sacral region making it difficult for the injured worker to sit in a comfortable position, ambulation with an antalgic gait, rigidity and extensive spasms of the lumbar paraspinal muscles, more restricted range of motion and diffuse tenderness along the L4-L5 paraspinals. A request for authorization of Fentanyl 25 mcg per hour patch Q2 days #15 was submitted. As per the 09-14-2015, the request for Fentanyl 25 mcg per hour patch Q2 days #15 was non-certified. As per the 09-14-2015 utilization review, the request for Fentanyl was modified to certification of one refill to allow weaning of opiates to no more than 120 mg per day MED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg/hr patch Q2 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 02/25/00 and presents with pain/spasm in the low back along with pain/numbness/spasms in the buttocks and bilateral thighs. The request is for Fentanyl 25 mcg/hr patch q2 days #15. There is no RFA provided and the patient's current work status is not provided. The patient has been using these patches as early as 03/05/15. 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." MTUS page 93 regarding Fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)". The 09/01/15 report states that the patient currently rates his pain as a 5/10, with a high of 7/10. "The medications improve his ability to tolerate activity, noting that he is able to walk, sit, stand, and sustain activity for longer periods of time. Without the medications, he would not be able to participate in his therapeutic exercises and would take significantly longer to perform even small household tasks. He denies negative side effects with the medication. There are no aberrant drug behaviors and he uses the medications as prescribed." In this case, there are no validated instruments used, no pain management issues discussed such as CURES report, pain contract, et cetera, no outcome measures are provided, and there are no urine drug screens provided to see if the patient is compliant with his prescribed medications. Although the treater addresses all 4 A's, long term use of opiates for the lower back is not recommended. Therefore, the requested Fentanyl IS NOT medically necessary.