

Case Number:	CM15-0186198		
Date Assigned:	09/28/2015	Date of Injury:	05/22/1999
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 55-year-old male with a date of injury on 5-22-99. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain and post lumbar laminectomy syndrome. Progress report dated 6-17-15 reports continued complaints of low back pain in a circle like pattern along the middle spine, he rates the pain 2-3 out of 10 at best and 8 out of 10 at its worst. He reports the pain is under control with the pain regimen including Fentanyl patches and he is able to remain functional with activities and continues exercise regularly. Upon physical exam, he performs range of motion without pain and no tenderness noted to palpation of low back or SI joints. He is said to be stable on current medications including Abilify, Wellbutrin, Lunesta and Fentanyl patches. Request for authorization was made for Fentanyl (Duragesic) patch 100 mcg 3 per day every 72 hours quantity 30 and Fentanyl (subsys) 800 mcg every 4 hours as needed quantity 180. Utilization review dated 9-1-15 partially certified the request as follows; Fentanyl (Duragesic) patch 100 mcg 2 per day every 72 hours quantity 20 and Fentanyl (subsys) 800 mcg every 4 hours as needed quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl (Duragesic) Patch 100 MCG 3 TD Every 72 Hour #30: 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 06/17/15 with lower back pain rated 2-3/10 at best, and 8/10 at worst. The patient's date of injury is 05/22/99. Patient is status post lumbar laminectomy at a date unspecified. The request is for Fentanyl (Duragesic) patch 100mcg 3 td every 72 hours #30. The RFA is dated 08/25/15. Physical examination dated 06/17/15 is unremarkable. The patient is currently prescribed Wellbutrin, Lunesta, Duragesic, and Subsys. 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 medication compliance or a statement regarding aberrant behavior. The most recent progress note, dated 06/17/15, states that this patient's medications reduce his pain from 8/10 to 2-3/10, and indicates that this patient is able to take regular walks and perform light exercise. However, a careful review of the documentation provided does not include any consistent urine toxicology reports or statements of consistency to date. Per pain management addendum dated 08/25/15, the provider states: "We are not currently doing any urine screening. It is my understanding that the administration is considering a variety of companies to pursue this testing in the future." Chronic opioid use without evidence of consistency 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 evidence that this patient receives some analgesia and functional benefits. However, the provider neglects to include documentation of past medication compliance, as well as a statement regarding a lack of aberrant/drug seeking behavior. 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.

Fentanyl (Subsys) 800 MCG Every 4 Hour As Needed #180: 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 06/17/15 with lower back pain rated 2-3/10 at best, and 8/10 at worst. The patient's date of injury is 05/22/99. Patient is status post lumbar laminectomy at a date unspecified. The request is for Fentanyl (subsist) 800mcg every 4 hours as needed #180. The RFA is dated 08/25/15. Physical examination dated 06/17/15 is unremarkable. The patient is currently prescribed Wellbutrin, Lunesta, Duragesic, and Subsys. 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 sublingual Fentanyl for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of medication compliance or a statement regarding aberrant behavior. The most recent progress note, dated 06/17/15, states that this patient's medications reduce his pain from 8/10 to 2-3/10, and indicates that this patient is able to take regular walks and perform light exercise. However, a careful review of the documentation provided does not include any consistent urine toxicology reports or statements of consistency to date. Per pain management addendum dated 08/25/15, the provider states: "We are not currently doing any urine screening. It is my understanding that the administration is considering a variety of companies to pursue this testing in the future." Chronic opioid use without evidence of consistency 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 evidence that this patient receives some analgesia and functional benefits. However, the provider neglects to include documentation of past medication compliance, as well as a statement regarding a lack of aberrant/drug seeking behavior. 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.