

Case Number:	CM15-0190537		
Date Assigned:	10/02/2015	Date of Injury:	09/16/2010
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

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 55 year old female with an industrial injury dated 09-16-2010. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy syndrome of lumbar region, unspecified thoracic and lumbar neuritis and radiculitis, pain in joint lower leg and pain in joint shoulder. In an agreed medical examination report dated 08-13-2015, the injured worker reported neck pain, low back pain and bilateral knee pain. The injured worker rated neck pain a 6 out of 10 and low back pain an 8 out of 10. The injured worker was considered to have reached maximum medical improvement. According to the progress note dated 08-21-2015, the injured worker reported headache, neck pain, shoulder pain and low back pain. Pain levels were at least a 7 and at worst a 9 out of 10 on a visual analog scale (VAS). Objective findings (07-20-2015 to 08-21-2015) revealed moderate distress, tenderness to palpitation of cervical paraspinal muscle with spasm, right decreased neck range of motion , bilateral cervical trigger point, bilateral trapezius trigger point, bilateral rhomboid trigger point, positive bilateral tenderness to palpitation of cervical facets joint C5-7, positive Spurling's test, decreased lumbar range of motion of all plane, decreased range of motion extension, positive tenderness to palpitation of lumbar paraspinal area with spasm, bilateral lumbar trigger point, positive right straight leg raises , right ankle dorsiflexion weakness, and positive right lumbar radicular signs. Treatment has included diagnostic studies, prescribed medications, intrathecal pain pump on 09-18-2014, home exercise program and periodic follow up visits. The treatment plan included medication management. Medical records indicate that the injured worker has been on Dilaudid 8mg since at least March of 2015 and was prescribed a trial of Fentanyl in July of 2015. The treating physician prescribed services for Fentanyl 25 patch quantity 10 and Dilaudid 8mg quantity 120. The utilization review dated 09-08-2015, non-certified the request for Fentanyl 25 patch quantity 10 and Dilaudid 8mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 patch quantity 10: 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for chronic pain including a diagnosis of lumbar post laminectomy syndrome. In July 2015 she had ongoing neck, shoulder, and low back pain. Pain was rated at 8-10/10. Dilaudid was being prescribed. She reported having lost half of her medications at home. A trial of fentanyl was started and the Dilaudid was replaced. The MED (morphine equivalent dose) was increased from 130 mg to over 150 mg when seen; pain was rated at 7-9/10. She reported that the fentanyl patch was not working well and wanted to increase the dose. Physical examination findings included a body mass index over 27. There was decreased cervical and lumbar spine range of motion with tenderness and spasms. There were bilateral cervical and lumbar trigger points. There was bilateral cervical facet joint tenderness. Spurling's testing was positive. There was positive right straight leg raising with decreased right lower extremity strength. The fentanyl dose was increased to 25 g per day. The total MED was now nearly 90 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended and after adding fentanyl there is no documentation that opioid medications are providing decreased pain, an increased level of function, or improved quality of life. There are no unique features of this case that would support dosing at this level. Ongoing prescribing of Fentanyl is not considered medically necessary.

Dilaudid 8mg quantity 120: 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, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for chronic pain including a diagnosis of lumbar post laminectomy syndrome. In July 2015 she had ongoing neck, shoulder, and low back pain. Pain was rated at 8-10/10. Dilaudid was being prescribed. She reported having lost half of her medications at home. A trial of fentanyl was started and the Dilaudid was replaced. The MED (morphine equivalent dose) was increased from 130 mg to over 150 mg when seen; pain was rated at 7-9/10. She reported that the fentanyl patch was not working well and wanted to increase the dose. Physical examination findings included a body mass index over 27. There was decreased cervical and lumbar spine range of motion with tenderness and spasms. There were bilateral cervical and lumbar trigger points. There was bilateral cervical facet joint tenderness. Spurling's testing was positive. There was positive right straight leg raising with decreased right lower extremity strength. The fentanyl dose was increased to 25 g per day. The total MED was now nearly 90 mg per day.

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