

Case Number:	CM15-0191013		
Date Assigned:	10/05/2015	Date of Injury:	11/15/2003
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 48-year-old male, with a reported date of injury of 11-15-2003. The diagnoses include status post trigger finger release neuropathy, lumbar radiculopathy, lumbar degenerative disc disease, chronic low back pain, myofascial pain, bilateral sacroiliitis, piriformis syndrome, and greater trochanteric bursitis. Treatments and evaluation to date have included Fentanyl patch (since at least 09-2014), Vicodin (since at least 09-2014), left sacroiliac joint injections, Norco, and Ranitidine. The diagnostic studies to date have included an MRI of the lumbar spine on 11-19-2014, which showed minimal to mild increased disc bulging at L3-4, L4-5, and L5-S1, and neural foraminal encroachment at multiple levels, and increased disc dehydration at L3-4, L4-5, and L5-S1; and a urine drug screen on 09-25-2014 with inconsistent findings. The progress report dated 08-17-2015 indicates that the injured worker had a history of lumbar radiculopathy and increased low back pain with radiation to the right lower extremity, which was worse. On 07-06-2015, the injured worker complained of right wrist pain, right hand pain, right elbow pain, and right shoulder pain. The injured worker's pain ratings were not indicated. The objective findings (08-17-2015) included positive straight leg raise test; tenderness at L4, L5, and S1; and limited forward flexion at 70 degrees. The objective findings (07-06-2015) included atrophy of the right forearm, decreased grip, tenderness, and contracture of the third and fourth fingers. The treatment plan included the refill of Duragesic (Fentanyl) patch 100mg every 72 hours and Vicodin 10-375mg, one every four hours as needed. The injured worker's work status was not indicated. The treating physician requested one prescription for Fentanyl patch 100mg #15 and one prescription for Vicodin 10-375mg. On 08-

25-2015, Utilization Review (UR) non-certified the request for Vicodin 10-375mg; and modified the request for Fentanyl patch 100mg #15 to Fentanyl patch 100mg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl patch 100mg #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): Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription fentanyl patch 100 mg #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and hypogonadism. Date of injury is November 15, 2003. Request authorization is August 20, 2015. The documentation indicates both Duragesic 50 mg and Norco were prescribed as far back as October 2012. According to the August 17, 2015 progress note, subjective complaints include lumbar radiculopathy with increased low back pain that radiates to the right lower extremity. Symptoms have become worse. Objectively, there is positive straight leg raising, tenderness to palpation from L3 to S1. There is decreased range of motion. The treating provider is requesting Vicodin 10/375mg and Duragesic 100ug refills. It is unclear when Duragesic 50 mg was increased to 100. There were no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing fentanyl. There has been no attempt at weaning fentanyl. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement to support ongoing fentanyl and no attempt at weaning fentanyl, one prescription fentanyl patch 100 mg #15 is not medically necessary.

1 prescription of Vicodin 10/375mg: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription fentanyl patch 100 mg #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and hypogonadism. Date of injury is November 15, 2003. Request authorization is August 20, 2015. The documentation indicates both Duragesic 50 mg and Norco were prescribed as far back as October 2012. According to the August 17, 2015 progress note, subjective complaints include lumbar radiculopathy with increased low back pain that radiates to the right lower extremity. Symptoms have become worse. Objectively, there is positive straight leg raising, tenderness to palpation from L3 to S1. There is decreased range of motion. The treating provider is requesting Vicodin 10/375mg and Duragesic 100ug refills. It is unclear when Duragesic 50 mg was increased to 100. There were no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing fentanyl. There has been no attempt at weaning fentanyl. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement to support ongoing fentanyl and no attempt at weaning fentanyl, one prescription fentanyl patch 100 mg #15 is not medically necessary.