MAXIMUS Federal Services

Case Number:	CM15-0191890		
Date Assigned:	10/05/2015	Date of Injury:	11/29/2004
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 32 year old male who sustained an industrial injury on 11-29-2004. The patient sustained the injury due to lifting a heavy weight. According to an office visit report dated 08-12-2015, the injured worker reported that he was paying out of pocket for Norco and that he was unable to do his daily functions without "both" pain medications. Without Norco, pain was rated 8-10 on a scale of 1-10 and he could not sit for an 8 hour day. With pain medications, he reported that he could do his job. The provider reviewed a urine drug screen report from 07-14- 2015. The injured worker reported that he used one borrowed Xanax for insomnia. Left sciatica pain remained "stable" and was rated 7 on a scale of 1-10. Medications included Fentanyl 50 mcg per hour, apply 1 patch every 48 hours and Norco 10-325 mg 1 tablet by mouth every 4-6 hours as needed for pain. Physical examination demonstrated mild tenderness over lumbar spine. Leg raise was positive on the left. Diagnoses included lumbago. The treatment plan included re- check urine drug screen. The injured worker was reminded not to use additional restricted medications. Fentanyl and Norco were continued. A urine drug toxicology performed on 08-12- 2015 and on 7/4/15 was consistent with use of Fentanyl and Norco and was positive for Alpha- Hydroxyaprazolam (indicative of Alprazolam) and THC (marijuana metabolite). Documentation showed long term use of Fentanyl and Norco. On 09-18-2015, Utilization Review modified the request for Fentanyl 50 mcg and non-certified the request for one urine drug screen. The patient's surgical history include lumbar discectomy in 2005, and fusion in 2007. The medication list include Norco, Flexeril, and Fentanyl patch. The patient has

had MRI of the lumbar spine in 2008 that revealed disc protrusions and X-ray of lumbar spine revealed pars fracture at L5-S1. Patient had received lumbar ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg: 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), Fentanyl, Opioids, criteria for use.

Decision rationale: Request: Fentanyl 50mcg. According to MTUS guidelines Duragesic is "not recommended as a first-line therapy." In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications for chronic pain, is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A urine drug toxicology performed on 08-12-2015 and on 7/4/15 was consistent with use of Fentanyl and Norco and was positive for Alpha-Hydroxyaprazolam (indicative of Alprazolam) and THC (marijuana metabolite). The alprazolam and the THC were not listed as one of his prescribed medications. The level of pain control with lower potency opioids and other non opioid medications for chronic pain, without the use of fentanyl, was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The Fentanyl 50mcg is not medically necessary for this patient, given the medical records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): urine drug testing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 10/09/15) Urine drug testing (UDT).

Decision rationale: One urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco and Fentanyl which are controlled substances. A urine drug toxicology performed on 08-12-2015 and on 7/4/15 was consistent with use of Fentanyl and Norco and was positive for Alpha-Hydroxyaprazolam (indicative of Alprazolam) and THC (marijuana metabolite). The alprazolam and the THC were not listed as one of his prescribed medications. This patient is at risk for aberrant drug behavior. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. The request for One urine drug screen is medically appropriate and necessary in this patient.