MAXIMUS Federal Services

Case Number:	CM15-0192419		
Date Assigned:	10/06/2015	Date of Injury:	08/17/2004
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old female who sustained an industrial injury on 08-17-2004. A review of the medical records indicated that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, cervical spondylosis without myelopathy, chronic pain syndrome, depression, and obesity. According to the treating physician's progress report on 09-17-2015, the injured worker was evaluated for medication maintenance, and neck, bilateral hip, and bilateral lower back pain. The injured worker reported pain-spasticity improving and rated her average pain as 4 out of 10 on the pain scale with medications. The injured worker transferred independently without assistive devices. Decreased range of motion of the neck was noted. On 08-20-2015, a physical examination noted right lateral flexion and back extension increased back pain. It was also noted that the injured worker decreased her use of Percocet from 4 tabs to 1-2 a day, not using Flexeril and was able to do more house chores without breaks since the recent facet injection on 08-07-2015. Prior treatments have included diagnostic testing, physical therapy, pain management, lumbar epidural steroid injection in 01-16-2015, left L3-S1 facet joint injection on 08-07-2015 and medications. Current medications were listed as fentanyl, oxycodone-acetaminophen (both medications used for over a year), Naprosyn, cyclobenzaprine, venlafaxine and trazodone. Treatment plan consists of right lumbar facet injections, pending urine drug screening, increase home exercise stretching and strengthening as tolerated, and the current request for oxycodone-acetaminophen 10-235mg #120 and fentanyl 100mcg-hour 1 #15.On 09-21-2015, the Utilization Review determined the request for oxycodone-acetaminophen 10-235mg #120 and fentanyl 100mcg-hour 1 #15,

was not medically necessary, however weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10/235mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS recommends short acting opioids, such as oxycodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes through 09-17-2015 included documentation of pain with and without medication on the visual analog scale, significant adverse effects, urine drug testing, subjective functional improvement, and improved activities of daily living. However, it did not clearly document a pain contract. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines. Therefore, based on the available medical records and cited MTUS guidelines, the request for oxycodone-acetaminophen 10/235mg #120 is medically necessary and appropriate.

Fentanyl 100mcg/hr 1 #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, ind. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duragesic® (fentanyl transdermal system).

Decision rationale: Per the cited CA MTUS guidelines, fentanyl is an opioid analgesic with eighty times the potency of morphine. Weaker opioids are less likely to produce adverse effects, and since fentanyl is a stronger opioid, it is not recommended as a first-line therapy for chronic pain. However, per the ODG, fentanyl transdermal system is indicated in the management of chronic pain for injured workers who require continuous opioid analgesia for pain when it cannot be managed by other means. Additionally, due to the significant side effects of fentanyl transdermal patches, they are not for use in routine musculoskeletal pain. When fentanyl is prescribed for the control of chronic pain, and neuropathic pain that has not responded to first-line medications, there should be documentation of the 4 A's to include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes through 09-17-2015 included documentation of pain with and without medication on the visual analog scale, significant adverse effects, urine drug testing, subjective functional improvement, and improved activities of daily living. However, it did not clearly document a pain contract. The treating physician's notes indicate the injured worker uses Percocet for breakthrough pain along with first-line medications. In the case of the total morphine equivalent dose exceeding 120 mg, the injured worker must be followed by pain management, which she currently is. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines. Based on the available medical information, fentanyl 100mcg/hr 1 #15 is medically necessary and appropriate for ongoing pain management.