

Case Number:	CM15-0193351		
Date Assigned:	10/07/2015	Date of Injury:	10/13/1995
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 70-year-old male who reported an industrial injury on 10-13-1995. His diagnoses, and or impressions, were noted to include: bulging lumbar disc; post-cervical laminectomy syndrome; failed lumbar back surgery syndrome; displacement of cervical and lumbar inter-vertebral discs without myelopathy; myositis; chronic pain syndrome. No current imaging studies were noted; magnetic resonance imaging of the cervical spine was said to be done on 9-2-2014. Electrodiagnostic studies of the bilateral upper extremities were done on 10-23-2014. His treatments were noted to include: right lumbar hemi-laminectomy and discectomy (12-1-00); cervical discectomy and fusion (1-4-01); revision with total lumbar laminectomy & partial facetectomies and fusion (5-10-01); left shoulder arthroscopy (10-4-01); lumbosacral fusion for intractable pain and post-surgical psuedoarthrosis (9-4-02); and anterior and posterolateral fusion with fixation (11-16-05); and medication management with toxicology studies. The pain management progress notes of 9-1-2015 reported: persistent, constant low back and neck pain, rated 8 out of 10, that radiated to the back, was aggravated by activities and movement, and relieved by heat-ice and taking Fentanyl, Norco and medications; the need for medication refills; and that he had end-of-dose effect on Fentanyl patch and increasing Norco on the 3rd day was not managing the pain over the last month. The objective findings were noted to include all normal physical examination findings. The physician's requests for treatment were noted to include stopping Fentanyl 100 mcg-hour transdermal patches, apply 1 patch by transdermal route every 72 hours and changing it to apply 1 patch by transdermal route every 48 hours; and stopping "Norco 10-325 mg, take 1 tablet a total of 6 x per day as needed for pain", and changing it to "take 1 tablet for a total of 6 times a day as needed for pain." Both medications were noted to have been started on 7-30-2015. No Request for Authorization for Fentanyl 100 mcg-hour patches

and Norco 10-325 mg was noted in the medical records provided. The Utilization Review of 9-25-2015 modified the requests for: Fentanyl 100 mcg-hour patches, every 72 hours, #10, to #5; and Norco 10-325 mg, 6 per day, #180, to #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/h patch, every 72 hours, QTY: 10: Upheld

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): Fentanyl, Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of Fentanyl patch as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. Additionally, the current MED is 300 which exceeds the daily recommendation of MED 120. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Fentanyl 100mcg/h patches, every 72 hours, QTY: 10 are determined to not be medically necessary.

Norco 10/325mg - 6/day, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker

has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. Additionally, the current MED is 300 which exceeds the daily recommendation of MED 120. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Norco 10/325mg - 6/day, QTY: 180 are determined to not be medically necessary.