

<b>Case Number:</b>	CM15-0193545		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/25/1996
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, 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 58 year old, female who sustained a work related injury on 4-25-96. A review of the medical records shows he is being treated for widespread chronic pain. Treatments have included multiple nerve blocks, TENS unit therapy, heat-cold therapy, psychotherapy, use of a spinal cord stimulator, trigger finger injections, massage therapy, aqua therapy, and physical therapy. Current medications include Fentanyl patches and Percocet. She reports the fentanyl patches are giving her some relief at "25%." She states she takes the Percocet 4 a day with "adequate in controlling her symptoms." She has been taking Percocet since at least 3-2014. Unknown how long she has been using the Fentanyl patches. She states when her pain increases her anxiety increases her symptoms. In the progress notes, the injured worker reports widespread pain all over body. She rates her pain an 8-9 out of 10. This pain scale rating has not changed much. In the objective findings dated 8-17-15, she is severely depressed, anxious and sobbing. Her bilateral hands are erythematous and hypersensitive over the palms. She has diaphoresis right greater than left with patchy scales into palms. Last urine drug screen dated 7-21-15 was inconsistent without tapentadol consistent. This was discussed in progress note. No notation of working status. The treatment plan includes requests for a random urine drug screen and prescriptions for Fentanyl patches and Percocet. The Request for Authorization dated 8-28-15 has requests for Fentanyl patches, Percocet and a urine drug screen. In the Utilization Review dated 9-4-15, the requested treatments of Fentanyl 75mcg. #15, Percocet 10-325mg. #180 and a urine drug screen are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fentanyl 75mcg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended 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. In this case, the claimant had been on was also prescribed Percocet. The claimant had been on the Fentanyl for months. There was no indication for combining multiple opioids and no one opioid is superior to another. In addition, pain score reduction with Fentanyl use was not noted. There was no mention of failure is oral long-acting opioids or analgesics. Continued use of Fentanyl is not medically necessary.

### **Percocet 10/325mg #180:** 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 for neuropathic pain.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant was given Percocet along with Fentanyl. The claimant had previously used Percocet for an unknown length of time. Pain score response from previous use is unknown. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

### **Urine drug screen:** Overturned

**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, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. Prior urine drug screen was inconsistent with medications prescribed. Based on the above references and clinical history a urine toxicology screen is medically necessary.