

Case Number:	CM15-0194074		
Date Assigned:	10/14/2015	Date of Injury:	04/29/1999
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
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: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 4-29-1999. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease with spondylosis, lumbar degenerative disc disease with spondylosis, long acting and short acting opiates, sustained vertigo, cervicogenic headaches, and homebound. On 9-3-2015, the injured worker reported neck, upper back, and low back pain. The Primary Treating Physician's report dated 9-3-2015, noted the injured worker had increased her fentanyl patch at the previous visit which had helped with her headache however she still reported poor function, not able to do much due to her sustained vertigo with risk for falling. The injured worker was noted to report the medications were helpful, with pain rated 8 out of 10, unchanged since 8-4-2015. A urine drug screen (UDS) on 8-4-2015, was noted to be consistent for prescribed medications, and a PAR was reviewed and was noted to be consistent. The injured worker was noted to be unable to bathe on her own, requiring help with her activities of daily living (ADLs). The physical examination was noted to show the injured worker using a cane. The physical examination did not include any musculoskeletal-neurological findings. The treatment plan was noted to include an appeal for home support and medications including Fentanyl patch, prescribed since at least 4-6-2015, Percocet, prescribed since at least 8-15-2014, Robaxin, Topamax, Cymbalta, prescribed since at least 8-15-2014, Celebrex, and Senna. The request for authorization dated 9-3-2015, requested Cymbalta 30mg, #30, Percocet 10/325mg, #180, and Fentanyl 25mcg/hr, #15. The Utilization Review (UR) dated 9-14-2015, approved the request for Cymbalta 30mg, #30, and modified the requests for Percocet 10/325mg, #180 to approve #87 to continue the weaning process, and Fentanyl 25mcg/hr, #15 to approve #10 to maintain the weaning process and continue reduced opiate load with concurrent Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

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

Decision rationale: The 69 year old patient complains of pain in neck, upper back, and lower back, as per progress report dated 09/03/15. The request is for Fentanyl 25mcg/hr, #15. The RFA for this case is dated 07/08/15, and the patient's date of injury is 04/29/99. The pain is rated at 8/10, as per progress report dated 09/03/15. Diagnoses included cervical degenerative disc disease with spondylosis, lumbar degenerative disc disease with spondylosis, sustained vertigo, cervicogenic headaches resolved with increased Fentanyl patch and Topamax, and home bound. Medications included Fentanyl patch, Percocet, Robaxin, Topamax, Cymbalta, Celebrex, Senna 6. The reports do not document the patient's work status. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Fentanyl patch is first noted in progress report dated 01/09/14. It is not clear when opioid therapy was initiated. In progress report dated 09/03/15, the treater states that the patient's Fentanyl patch was increased during the last visit, and this "helped with her headache however she still has poor function." In the same report, the treater reiterates that medications are helpful. UDS, dated 08/04/15, is consistent. PAR is also consistent. Regarding activities of daily living, the treater states "she still cannot bathe on her own. She is trying to do her chair exercises to maintain strength. She has not had any falls but does require a lot of help at home from her family." In a prior report dated 06/02/15, the treater states that the patient "continues to have significant risk of fall," and she has had many falls especially in the shower. The treater does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. In fact, a review of reports

indicated that the patient has poor function due to continued pain and vertigo. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Percocet 10/325mg, #180: Upheld

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

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

Decision rationale: The 69 year old patient complains of pain in neck, upper back, and lower back, as per progress report dated 09/03/15. The request is for Percocet 10/325mg, #180. The RFA for this case is dated 07/08/15, and the patient's date of injury is 04/29/99. The pain is rated at 8/10, as per progress report dated 09/03/15. Diagnoses included cervical degenerative disc disease with spondylosis, lumbar degenerative disc disease with spondylosis, sustained vertigo, cervicogenic headaches resolved with increased Fentanyl patch and Topamax, and home bound. Medications included Fentanyl patch, Percocet, Robaxin, Topamax, Cymbalta, Celebrex, Senna 6. The reports do not document the patient's work status. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Percocet is first noted in progress report dated 01/09/14. It is not clear when opioid therapy was initiated. The patient is also using Fentanyl patch. While the reports do not state anything specific about the efficacy of Percocet, progress report dated 09/03/15 states that the patient's Fentanyl patch was increased during the last visit, and this "helped with her headache however she still has poor function." In the same report, the treater reiterates that medications are helpful. UDS, dated 08/04/15, is consistent. PAR is also consistent. Regarding activities of daily living, the treater states "she still cannot bathe on her

own. She is trying to do her chair exercises to maintain strength. She has not had any falls but does require a lot of help at home from her family." In a prior report dated 06/02/15, the treater states that the patient "continues to have significant risk of fall," and she has had many falls especially in the shower. The treater does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. In fact, a review of reports indicated that the patient has poor function due to continued pain and vertigo. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.