

Case Number:	CM15-0195183		
Date Assigned:	10/08/2015	Date of Injury:	07/01/2013
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 07-01-2013. He has reported subsequent neck and low back pain and was diagnosed with lumbar radiculopathy, sprain and strain of unspecified site of the shoulder and upper arm and cervical spondylosis. The only medical documentation submitted consists of a supplemental report on pain management progress dated 09-18-2015 and a qualified medical examiner report dated 12-01-2014. Treatment to date has included pain medication, physical therapy, acupuncture and injections, which were noted to have failed to significantly relieve the pain. Oral opioid medication was noted as being prescribed since at least 2013. Documentation shows that Oxycodone was prescribed since at least 12-01-2014. It's unclear how long Fentanyl patches had been prescribed. In a progress note dated 09-18-2015, the injured worker reported neck and low back pain. The injured worker reported more bilateral anterior leg pain much worse on the right to the toe with numbness and was having more nerve pain in the legs recently. The injured worker reported that Fentanyl and Oxycodone continued "to take the edge off of his pain by 50% and improve his functional ability with regard to activities of daily living." Objective examination findings revealed positive straight leg raise on the right, pain over the lumbar intervertebral spaces on palpation, palpable twitch positive trigger points in the lumbar paraspinal muscles, an antalgic gait, anterior flexion of lumbar spine to 40 degrees, pain with anterior lumbar flexion, extension of the lumbar spine to 20 degrees and pain with lumbar extension with decreased lower extremity strength on the right. Work status was documented as permanent and stationary. A request for authorization of Fentanyl 25 mcg per hour transdermal patch, #10 (1 patch every 72 hours) and Oxycodone 10

mg, #90 was submitted. As per the 09-28-2015 utilization review, the request for Fentanyl was modified to certification of 25 mcg per hour transdermal patch, #5 for weaning and the request for Oxycodone was modified to certification of 10 mg, #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr transdermal patch, #10 (1 patch every 72 hrs): 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, criteria for use, Opioids for chronic pain.

Decision rationale: Fentanyl is a transdermal long acting opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider claims "50% improvement" which is not an objective measure. There is no documentation of any long-term plan. Provider has failed to appropriately document objective measures in pain and functional status. Therefore, the request is not medically necessary.

Oxycodone 10 mg, #90: 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, criteria for use.

Decision rationale: Oxycodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider claims "50% improvement" which is not an objective measure. There is no documentation of any long-term plan. Provider has failed to appropriately document objective measures in pain and functional status. Therefore, the request is not medically necessary.