

Case Number:	CM15-0195288		
Date Assigned:	10/09/2015	Date of Injury:	03/16/2013
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
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: 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 30 year old male, who sustained an industrial injury on 3-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain-lumbago, displacement of lumbar intervertebral disc without myelopathy, and lumbosacral radiculitis. On 9-1-2015, the injured worker reported 8 out of 10 lower back pain radiating down both lower extremities to his feet with occasional numbness and tingling in his feet, unchanged since the 8-4-2015 visit. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker reported his medications reduced his pain from 8 out of 10 to 5 out of 10, with functional gains with substantial assistance with his activities of daily living (ADLs), mobility, and restorative sleep, denying any medication side effects. The duration of pain relief was noted to be generally 5-6 hours, presently on the lowest effective dose of medications. The physical examination was noted to show the injured worker with a normal gait, with tenderness of the sciatic notch, and pain with motion. The injured worker was noted to have a signed pain management agreement and CURES, with urine drug testing consistent with prescriptions and no evidence of impairment or abuse. Prior treatments have included physical therapy, a right L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI) on 9-19-2014 reduced pain by 50%, and a left L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI) on 2-11-2015 with pain reduced by 50%. The treatment plan was noted to include medication refills of Mobic, Fentanyl patches, and Norco, all noted to have been prescribed since at least 4-16-2015, and a urine drug screen (UDS). The request for authorization dated 9-15-2015, requested Mobic 7.5 mg #60, a urine drug screen (UDS), Fentanyl 25 mcg/hr transdermal patch

#15, and Norco 10/325mg #150. The Utilization Review (UR) dated 9-21-2015, approved the requests for Mobic 7.5 mg #60 and a urine drug screen (UDS), and modified the requests for Fentanyl 25 mcg/hr transdermal patch #15 to approve #10, and Norco 10/325 mg #150 to approve #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg/hr transdermal patch #15: 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 patient was injured on 03/16/13 and presents with lower back pain which radiates to both lower extremities to his feet. The request is for Fentanyl 25 mcg/hr transdermal patch #15. The RFA is dated 09/01/15 and the patient's current work status is not provided. He has been using this patch as early as 05/14/15 and treatment reports are provided from 05/14/15 to 09/01/15. 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." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." The 08/04/15 report indicates that the patient rates his pain as a 5/10 with medications and an 8/10 without medications. The 09/01/15 report states that the patient "states medications reduce his pain from 8/10 to 5/10, consistent with VAS. Medication functional gains include substantial assistance with his ADL's, mobility, and restorative sleep. He denies any medication side effects. Duration of pain relief is general 5-6 hours. He has signed a pain management agreement with our practice. No evidence of impairment or abuse. UDT consistent with Rx." In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no specific examples of ADLs which demonstrate medication efficacy. The treating physician does not provide adequate documentation that is required by MTUS

Guidelines for continued opiate use. Furthermore, long-term use of opiates for low back pain is not recommended. The requested Fentanyl patch is not medically necessary.

Norco 10/325 mg #150: 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 patient was injured on 03/16/13 and presents with lower back pain which radiates to both lower extremities to his feet. The request is for Norco 10/325 mg #150. The RFA is dated 09/01/15 and the patient's current work status is not provided. He has been taking this medication as early as 05/14/15 and treatment reports are provided from 05/14/15 to 09/01/15. 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." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 08/04/15 report indicates that the patient rates his pain as a 5/10 with medications and an 8/10 without medications. The 09/01/15 report states that the patient "states medications reduce his pain from 8/10 to 5/10, consistent with VAS. Medication functional gains include substantial assistance with his ADL's, mobility, and restorative sleep. He denies any medication side effects. Duration of pain relief is general 5-6 hours. He has signed a pain management agreement with our practice. No evidence of impairment or abuse. UDT consistent with Rx." In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no specific examples of ADLs which demonstrate medication efficacy. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, long-term use of opiates for low back pain is not recommended. The requested Norco is not medically necessary.