

Case Number:	CM15-0195851		
Date Assigned:	10/09/2015	Date of Injury:	02/05/2004
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old female with an industrial injury date of 02-05-2004, (03-17-2003 - 02-05-2004 cumulative trauma.) Medical record review indicates she is being treated for complex regional pain syndrome, type I, left upper extremity; cervical post laminectomy syndrome, chronic pain syndrome, status post cervical spine surgery times two and cervical radiculopathy. Subjective complaints (08-24-2015) included pain in neck radiating down both arms. The injured worker described her pain as "constant, sharp and aching nature," rated as 8 out of 10 without medication and 4 out of 10 with medication. She also complained of pain to her left upper extremity with weakness and numbness to the left arm. She reported color and temperature changes in the left forearm and hand. She described the pain as "constant, sharp, and burning nature," rated as 9 out of 10 without medication and 4 out of 10 with medication. The pain increased with stress, touching of the upper extremity, temperature changes and activity and decreased with pain medication and rest. Medical record review does not indicate specific activities of daily living. Current (08-24-2015) medications included Fentanyl patches (at least since 04-16-2015), Oxycodone (since at least 01-09-2015), Gabapentin and Lidoderm patches. Her disability status was deferred "to her primary treating physician." Prior treatment included cervical spine surgery, physical therapy and medication. Physical examination (08-24-2015) revealed tenderness to palpation over spinous processes and paraspinous region. Range of motion of the neck was limited. Left upper extremity was positive for allodynia and hyperpathia. The treating physician indicated the left hand was cold to touch when compared to the right with significant guarding of the left upper extremity. The treating physician documented a review of

the Patient Activity Report from the [REDACTED] "indicating no unusual activity."
"The patient is meeting the goals of opioid therapy and takes her medications as prescribed."
"They are managing the patient's pain well without adverse side effects." On 01-09-2015 the treating physician documented the injured worker had signed a pain contract. On 09-23-2015, the following requests were modified by utilization review: Oxycodone 15 mg QTY 120.00 - Modified to a quantity of 75. Fentanyl patches 25 mcg/hr. QTY 10.00 - Modified to a quantity of 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25 mcg/hr QTY 10.00: 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): Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list.

Decision rationale: CA MTUS states and ODG agrees: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin . . . The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. The patient's current MEQ is 150, which is greater than the 120 recommended. With the multiple pain medications, there is serious risk of opioid dependence. The UR modified to allow for weaning which is appropriate. As such, the request for Fentanyl patches 25mcg/hr Qty 10.00 is not medically necessary.

Oxycodone 15 mg QTY 120.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for upper extremity complex regional pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 150 mg from oxycodone and fentanyl, which far exceeds MTUS recommendations. The UR modified the request to allow for weaning As such the question for Oxycodone 15 mg, #120 is not medically necessary.