

Case Number:	CM15-0195872		
Date Assigned:	10/09/2015	Date of Injury:	04/04/2001
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female who sustained an industrial injury on 04-04-2001. According to a recent progress report dated 09-09-2015, the injured worker reported worsening low back pain that was worse with transfers and turning over in bed and walking. She was using Fentanyl 50 mcg every 48 hours, Vicodin 2-4 tablets per day. She reported that she had been taking three tablets once daily and that this had not been helpful. She reported constipation that was manageable. Urine drug testing performed on 07-10-2015 was noted as consistent. The injured worker was normally more active but she reported that the pain had limited her the last week. Without medication, pain would get to a 10 plus on a scale of 1-10. Medication provided over 60% relief. Affect was appropriate. There was no apparent distress. Speech was clear. There was tenderness to palpation to the left PSIS. Gait was antalgic. She had a slow sit to stand. There were no signs of narcotism. Working diagnoses included sacroiliitis, cervical degenerative disc disease, cervical radiculopathy versus carpal tunnel syndrome, gastroesophageal reflux disease, shoulder osteoarthritis, lumbar degenerative disc disease, myofascial spasm and medical comorbidities. The treatment plan included Fentanyl 50 mg every 48 hours #15, Vicodin 5-300 mg every 4-6 hours #120, Ibuprofen 400 mg three times a day #90, Omeprazole 20mg once daily and Miralax. The injured worker received a Toradol injection. Iontophoresis was performed to the low back over the area of the left PSIS. During a prior visit on 08-10-2015, the injured worker was prescribed Fentanyl 50 mcg every 48 hours #15 and Vicodin 5-300 mg every 6 hours two to four per day as needed #90. Documentation shows use of Fentanyl and Vicodin dating back to January 2014. Urine toxicology performed on 02-06-2015, 03-04-2015 and 07-

10-2015 was positive for Hydrocodone, Hydromorphone and Fentanyl and negative for any other substances. On 09-16-2015, Utilization Review modified the request for Fentanyl 50 mcg-hour #15 and Vicodin 5-300 mg #90 and authorized the request for Ibuprofen, Omeprazole and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/hr #15: Overturned

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

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

Decision rationale: Per CA MTUS Chronic Pain Guidelines, Fentanyl: "Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet)." Per the CA MTUS section on opioids, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration." Fentanyl is a long-acting opioid. Duragesic (fentanyl transdermal system) 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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. In this case the patient has chronic pain that cannot be managed by other means and thus this patient meets CA MTUS criteria for the use of fentanyl patch. The request is medically necessary.

Vicodin 5/300 #90: Overturned

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to

work and the patient has improved functioning and pain. Guidelines recommend 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is adequate documentation of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam notes provided. Therefore the determination is medically necessary.