

Case Number:	CM15-0196357		
Date Assigned:	10/12/2015	Date of Injury:	07/09/2008
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: New York, 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 32 year old male, who sustained an industrial injury on July 9, 2008, incurring burns to the lower extremities. Treatment included pain medications, analgesic spray, physical therapy and home exercise program, random toxicology testing and activity restrictions and modifications. Currently, the injured worker complained of chronic pain in both lower extremities. He had a burn injury to his inner calf and groin area and used Fentanyl patch in addition to Oxycontin with Subsys for breakthrough pain. He rated his pain 6-7 out of 10 on a pain scale from 0 to 10. He reported improvement and the ability to perform his activities of daily living. He does have increased pain with some activities. The treatment plan that was requested for authorization included prescriptions for Fentanyl 25 mcg patch #10, Subsys 400 mg #1, a request for a urine drug screen and a Psychological evaluation. On September 29, 2015, a request for a Fentanyl patch, Subsys, a urine drug screen and a Psychological consultation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured workers response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been using fentanyl patches for a minimum of 6 months. The records do not discuss specific response or functional improvement related to this medication. In addition, the request does not include dosing frequency or duration. There is not toxicology results discussed included in the record. Without the support of the documentation or adherence to the guidelines, the request for fentanyl patches are determined not medically necessary.

Subsys 400mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl. Decision based on Non-MTUS Citation <<http://www.fda.gov/downloads/Drugs/DrugSafety/UCM287863.pdf>>.

Decision rationale: Subsys is a fentanyl oral spray approved for breakthrough pain caused by cancer. FDA guidelines state, "Subsys is used to manage breakthrough pain in adults with cancer, who are already routinely It is not recommended for musculoskeletal pain." It is not currently approved for any other pain conditions. The IW was not having a diagnosis of cancer. Therefore the request for Subsys is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Drug testing, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic) last updated on 09/08/2015- Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests).

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted in prior UR and in this review. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS.

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

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

Decision rationale: According to CA MTUS, psychological treatment is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders." There is not documentation in the record to support a psychological evaluation and testing. It is unclear what diagnoses psychological treatment would be addressing or the form of therapy to be conducted. Without the specifics of the anticipated treatment, the request for a psychological treatment sessions is not medically necessary.