

Case Number:	CM15-0196377		
Date Assigned:	10/12/2015	Date of Injury:	03/02/2006
Decision Date:	12/23/2015	UR Denial Date:	09/09/2015
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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 67 year old male, who sustained an industrial injury on 3-2-06. The injured worker is being treated for post laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, chronic pain, spasm of muscle, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, anxiety state, lumbar microdiscectomy, lumbar fusion, scoliosis, hypertension and nausea-vomiting . Progress notes urine drug screen dated 7-2-14 was consistent with medications prescribed. Treatment to date has included fusion of thoracic to iliac spine, fusion of lumbar to sacroiliac spin, physical therapy, oral medications including Prochlorperazine 10mg, Fioricet 50-300-40mg, Valium 10mg (since at least 6-9-15) and Dilaudid 4mg (since at least 4-15-15); topical Fentanyl patch(since at least 4-15-15), home exercise program and activity modifications. On 7-23-15 the injured worker complained of lumbar pain which had increased from previous visit on 7-1-15 and on 8-25-15, the injured worker complains of low back pain unchanged from previous visit; he rates the pain 7 out of 10. Documentation did not include duration of pain relief or pain level prior to medications. Physical exam performed on 7-23-15 revealed kyphosis of lumbar spine, well healed surgical scars, tenderness to palpation over right thoracolumbar spasm, left thoracolumbar spasm, right lumbosacral region, left lumbosacral region, increased thoracic kyphosis and an antalgic gait. The treatment plan included prescriptions for Valium 10mg #30 with 3 refills, Dilaudid 4mg #240 with no refills, Dilaudid 100mg #30, Fentanyl patch 100mcg #30 with no refills, Fioricet 50-300-40mg #30 with no refills, Prochlorperazine 10mg #30 and Buspar 20mg #60; follow up appointment and continuation of physical therapy. On 9-9-15

request for Fentanyl 100mcg #30, Valium 10mg #30 with 3 refills, Dilaudid 4mg #240 and Dilaudid 100mg patches #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100 mcg/hr #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: This is a review for the requested Fentanyl 100 mcg/hr #30. Transdermal fentanyl is not recommended first line according to MTUS guidelines, however, longer acting or controlled release opioids such as transdermal fentanyl are recommended for the management of persistent chronic pain, which requires around-the-clock therapy. The medical documentation indicates the patient has required opioid pain medication for management of persistent pain for several years. In this case it appears the patient's pain management is unfortunately complicated by a recent diagnosis and treatment for Non-Hodgkin's Lymphoma. On-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the MTUS Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." According to the note from the pain management physician there is some documented evidence regarding pain intensity which is usually a 7 out of 10. It is noted that range of motion and pain is somewhat difficult to assess secondary to limitations related to chemotherapy treatment for Non-Hodgkin's Lymphoma. The patient has had reduced ability to perform daily activities secondary to his current chemotherapeutic regimen. In addition, frequent random urine toxicology screens are recommended per MTUS guidelines to avoid misuse/addiction. The last documented urine toxicology screen is from 2014. A previous utilization review indicates a partial certification to provide the practitioner an opportunity to provide documented evidence of meeting several medical compliance guidelines such as providing an opioid contract. According to the medical record the PLAN from 4/16/15 includes "The opiate contract is reviewed at length. The patient signs the agreement, understands and agrees to comply with its content." In this case the patient has documented evidence of improved pain and some improvement in function which is complicated by a diagnosis and treatment of lymphoma. The patient should have the recommended frequent random drug screen and continue with CURES review but meets MTUS criteria for chronic opioid pain management in the setting of a complex medical history. For these reasons the above listed issue is medically necessary.

Valium 10 mg #30 with 3 refills: Upheld

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

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

Decision rationale: This is a review for the requested Valium 10 mg #30 with 3 refills. Valium, also known as diazepam, is a benzodiazepine medication. According to the MTUS guidelines benzodiazepines are not recommended for long-term use. Tolerance to the anxiolytic effects may occur and actually increase anxiety. For this reason, the above listed issue is not medically necessary or recommended.

Dilaudid patches 100 mg #30: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dosing, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: This is a review for the requested Dilaudid patches 100 mg #30. Dilaudid is an opioid agonist used for treatment of moderate to severe pain. The patient's total oral morphine equivalent dose which also includes Dilaudid patches and transdermal fentanyl exceeds the recommended 120 milligrams. MTUS Guidelines recommend the actual maximum safe dose will be patient specific and may exceed 120 mg oral morphine equivalents after pain management consultation. In this case the opioids are prescribed by this patient's pain management physician based on opioid exposure and need for chronic use. The medical documentation indicates the patient has required opioid pain medication for management of persistent pain for several years. In this case it appears the patient's pain management is unfortunately complicated by a recent diagnosis and treatment for Non-Hodgkin's Lymphoma. On-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the MTUS Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." According to the note from the pain management physician there is some documented evidence regarding pain intensity which is usually a 7 out of 10. It is noted that range of motion and pain is somewhat difficult to assess secondary to limitations related to chemotherapy treatment for Non-Hodgkin's Lymphoma. The patient has had reduced ability to perform daily activities

secondary to his current chemotherapeutic regimen. In addition, frequent random urine toxicology screens are recommended per MTUS guidelines to avoid misuse/addiction. The last documented urine toxicology screen is from 2014. A previous utilization review indicates a partial certification to provide the practitioner an opportunity to provide documented evidence of meeting several medical compliance guidelines such as providing an opioid contract. According to the medical record the PLAN from 4/16/15 includes "The opiate contract is reviewed at length. The patient signs the agreement, understands and agrees to comply with its content." In this case the patient has documented evidence of improved pain and some improvement in function which is complicated by a diagnosis and treatment of lymphoma. The patient should have the recommended frequent random drug screen and continue with CURES review but meets MTUS criteria for chronic opioid pain management in the setting of a complex medical history. For these reasons the above listed issue is medically necessary.

Dilaudid 4 mg #240: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

Decision rationale: This is a review for the requested Dilaudid 4 mg #240. Dilaudid is an opioid agonist used for treatment of moderate to severe pain. The patient's total oral morphine equivalent dose which also includes Dilaudid patches and transdermal fentanyl exceeds the recommended 120 milligrams. MTUS Guidelines recommend the actual maximum safe dose will be patient specific and may exceed 120 mg oral morphine equivalents after pain management consultation. In this case the opioids are prescribed by this patient's pain management physician based on opioid exposure and need for chronic use. The medical documentation indicates the patient has required opioid pain medication for management of persistent pain for several years. In this case it appears the patient's pain management is unfortunately complicated by a recent diagnosis and treatment for Non-Hodgkin's Lymphoma. On-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the MTUS Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." According to the note from the pain management physician there is some documented evidence regarding pain intensity which is usually a 7 out of 10. It is noted that range of motion and pain is somewhat difficult to assess secondary to limitations related to chemotherapy treatment for Non-Hodgkin's Lymphoma. The patient has had reduced ability to perform daily activities secondary to his current chemotherapeutic regimen. In addition, frequent random urine toxicology screens are recommended per MTUS guidelines to avoid misuse/addiction.

The last documented urine toxicology screen is from 2014. A previous utilization review indicates a partial certification to provide the practitioner an opportunity to provide documented evidence of meeting several medical compliance guidelines such as providing an opioid contract. According to the medical record the PLAN from 4/16/15 includes "The opiate contract is reviewed at length. The patient signs the agreement, understands and agrees to comply with its content." In this case the patient has documented evidence of improved pain and some improvement in function which is complicated by a diagnosis and treatment of lymphoma. The patient should have the recommended frequent random drug screen and continue with CURES review but meets MTUS criteria for chronic opioid pain management in the setting of a complex medical history. For these reasons the above listed issue is medically necessary.