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| Case Number: | CM15-0199183 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 04/04/1997 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 10/04/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on April 04, 1997. The injured worker was diagnosed as having degenerative disc disease lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological with general medical condition, and insomnia persistent due to chronic pain. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, home exercise program, imaging studies, physical therapy, behavioral medicine, and cortisone injections. In a progress note dated September 21, 2015 the treating physician reports complaints of chronic low back pain. The progress notes on September 21, 2015 and August 26, 2015 did not include examinations performed on the injured worker. On September 21, 2015 the injured worker's medication regimen included Fentanyl patch 100mcg (since at least February of 2014), Fentanyl patch 75mcg (since at least February of 2014), Norco (since at least February of 2014), Soma (since at least April of 2014), Ibuprofen (since at least December of 2014), and Testosterone (since at least prior to January of 2015). On September 21, 2015 the injured worker pain level was 9 out of 10 prior to use of his medication regimen and decreases to 4.5 out of 10 with the use of his medication regimen. The treating physician also noted on September 21, 2015 that the injured worker is able to drive longer, sit longer, walk longer, increase the amount that he is able to lift by 10 pounds, is able to perform daily exercises, wash dishes, cook, and perform laundry with "mild difficulty" with the use of his medication regimen, but noted "moderate difficulty" along with the inability to perform certain above listed activities of daily living without the use of his medication regimen. The treating physician noted on September 21, 2015 that an attempt to wean the injured worker off of his

medication regimen in 2014 caused a "marked increase in pain index necessitated return to full dose of analgesic medicines". On September 21, 2015, the treating physician requested Fentanyl patch 100mcg with a quantity of 15 and Fentanyl patch 75mcg with a quantity of 15 for pain control and to "achieve maximal pain relief with the highest level of physical function". On October 03, 2015, the Utilization Review determined the requests for Fentanyl patch 100mcg with a quantity of 15 and Fentanyl patch 75mcg with a quantity of 15 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg, #15: Upheld

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

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

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, there is mention of improved symptoms and functional capacity with the prescribed long acting opioid medication. Regarding safety and side effects, there is no mention of routine screening protocol including appropriate random UDS or opioid agreement. Additionally the current total opioid dosage from fentanyl is over 400mg of morphine equivalents a day, well above the recommended upper safety limit. Consequently continued use of fentanyl at the prescribed levels without screening for safety and dependence is not medically necessary.

Fentanyl patch 75mcg, #15: Upheld

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

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

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is mention of improved symptoms and functional capacity with the prescribed long acting opioid medication. Regarding safety and side effects, there is no mention of routine screening protocol including appropriate random UDS or opioid agreement. Additionally the current total opioid dosage from fentanyl is over 400mg of morphine equivalents a day, well above the recommended upper safety limit. Consequently continued use of fentanyl at the prescribed levels without screening for safety and dependence is not medically necessary.

