

Case Number:	CM15-0203591		
Date Assigned:	10/20/2015	Date of Injury:	01/03/1994
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 01-03-1994. He has reported injury to the low back. The diagnoses have included chronic low back pain; post-laminectomy syndrome, lumbar; and lumbar-sacral radiculopathy. Treatment to date has included medications, diagnostics, heat, ice, bracing, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, physical therapy, and surgical intervention. Medications have included Oxycodone, Fentanyl Patch, Lidoderm Patch, and Xanax. A progress report from the treating physician, dated 09-29-2015, documented an evaluation with the injured worker. The injured worker reported chronic low back pain; the pain has increased; the pain continues to be worse on the right greater than left; his medications were partially filled; the Fentanyl patches are giving him some relief for two days; he is currently taking Lidoderm patches and Fentanyl patches, and the Oxycodone for breakthrough pain; and the medications allow him to perform activities of daily living only when he is able to refill them. Objective findings included loss of lumbar lordosis; well-healed surgical scar; mild decrease in lumbar range of motion; mild tenderness to palpation of lumbar paraspinal muscles; and small trigger points noted in the lumbar paraspinal muscles. The treatment plan has included the request for Fentanyl Patch 100mcg #15. The original utilization review, dated 10-07-2015, modified the request for Fentanyl Patch 100mcg #15, to Fentanyl Patch 100mcg #8.

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): Duragesic (fentanyl transdermal system), Opioids, criteria for use, Weaning of Medications.

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 section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fentanyl patch 100 g #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar; and lumbar/sacral radiculopathy. Date of injury is January 3, 1994. Request for authorization is September 30, 2015. According to a progress note dated January 9, 2013, the treating provider prescribed fentanyl patch 100 g every 48 hours. According to a September 29, 2015 progress note, the injured worker presents for medication management. Fentanyl is prescribed every two days. The injured worker has right and left low back pain. Objectively, there is decreased range of motion lumbar spine with tenderness to palpation and trigger points. The documentation shows urine drug screens were consistent, but cannabis (THC) is present in the urine. There is no documentation of cannabis in the medical record as a prescribed medication. This is not addressed anywhere with the body of the medical record. There is no documentation demonstrating objective functional improvement to support ongoing fentanyl 100 g patches. Fentanyl patch should be prescribed every 72 hours. The treating provider is prescribing fentanyl every 48 hours. There is no documentation showing an attempt to wean the fentanyl patch. Additional medications include a second long-acting opiate oxycodone 5 mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no attempt at weaning fentanyl over to a half-year period, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, fentanyl patch 100 g #15 is not medically necessary.