

Case Number:	CM15-0206133		
Date Assigned:	10/22/2015	Date of Injury:	09/11/2004
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female injured worker suffered an industrial injury on 9-11-2004. The diagnoses included chronic low back pain and right and left shoulder pain. On 9-16-2015, the treating provider reported the Norco takes the pain levels down to 6 out of 10 from 9 out of 10. The medication in use was Norco, Trazadone, Neurontin and Lidoderm patches. On exam, the right shoulder had limited range of motion. She reported tenderness over the lower back with pain on movement. On 3-4-2015, the provider noted the pain level without medication was 9 out of 10 and with medication was rated 5 out of 10 with Norco and Neurontin. The documentation provided did not include evidence of functional evaluation with and without treatment and no aberrant risk assessment except for consistent urine drug screen 10-21-2014. The medical record did not indicate objective evidence or rationale for changing the medication regime to the requested treatments. Request for Authorization date was 9-25-2015. The Utilization Review on 10-1-2015 determined non-certification for Fentanyl patches 25mcg #10 and Hysingla 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 claimant had been on Oxycodone and Hydromorphone: other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of failure of other oral long-term opioids. Continued use of Fentanyl is not medically necessary.

Hysingla 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Hysingla (Hydrocodone) (2015).

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

Decision rationale: Hysingla is Hydrocodone which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over a year. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hysingla is not medically necessary.