



Case Number:	CM15-0207761		
Date Assigned:	10/26/2015	Date of Injury:	03/28/2002
Decision Date:	12/14/2015	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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 66 year old female who reported an industrial injury on 3-28-2002. Her diagnoses, and or impressions, were noted to include low back pain, lumbago. No imaging studies were noted. Her treatments were noted to include: aquatic and physical therapies; traction therapy; medication management; and rest from work. The progress notes for dates of service (DOS) of 8-26-2015 & 8-28-2015 were note provided in the medical records provided. The progress notes of 7-7-2015 reported: low back pain; have had unrelated shoulder surgery; having been laid off of work; worsening bilateral leg pain and feeling as though she may fall, with loss of sensation in her feet; that her medications were preventing her from falling and increasing her functionality; that without Norco she could not walk up the stairs and that her current dose of Fentanyl helped her maintain her baseline functional capacity and extend the time between needing to take Norco; and that she had electromyography done which showed mild tarsal tunnel syndrome. The objective findings were noted to include: lumbar soft tissue palpation on the left, with bilateral lumbar para-spinal spasms and limited range-of-motion; and diminished bilateral knee and ankle jerks. The physician's requests for treatment were not noted to include Fentanyl 100 mcg-hour transdermal patch, 1 patch every 2 days, #15 for 30 days with no refills; and Norco 10-325 mg, 1-2 every 4 hours, must last 30 days, #240 with no refills. The progress notes of 6-4-2015 noted requests for refills of Norco and Duragesic patches. No Request for Authorization, dated for Fentanyl 100 mcg patches, #10, from DOS 8-28-2015; and of Hydrocodone-Acetaminophen 10-325 mg, #120, from DOS 8-26-2015 was noted in the medical records provided. The Utilization Review of 10-1-2015 non-certified the request for the

remaining retrospective purchases of: Fentanyl 100 mcg patches, #10, from date of service (DOS) 8-28-2015; and of Hydrocodone-Acetaminophen 10-325 mg, #120, from DOS 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Fentanyl 100mgc #15 (DOS 8/28/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Retrospective: Fentanyl 100mgc #15 (DOS 8/28/15), California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Retrospective: Fentanyl 100mgc #15 (DOS 8/28/15), is not medically necessary.

Retrospective: Hydrocodone/Acet 10/325mg #240 (DOS 8/26/15): Upheld

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 for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Retrospective: Hydrocodone/Acet 10/325mg #240 (DOS 8/26/15), California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Retrospective: Hydrocodone/Acet 10/325mg #240 (DOS 8/26/15) is not medically necessary.