

Case Number:	CM15-0209399		
Date Assigned:	10/28/2015	Date of Injury:	05/09/2002
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey
 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 injured worker is a 60-year-old female, who sustained an industrial injury on 5-9-02. The injured worker was diagnosed as having post cervical laminectomy syndrome, spasm of muscle and cervical spondylosis without myelopathy. Subjective findings (4-9-15, 7-2-15) indicated chronic neck and scapular pain. The injured worker rates her pain 5-7 out of 10. Objective findings (4-9-15, 7-2-15) revealed tenderness to palpation in the cervical paraspinal region and upper thoracic region. Treatment to date has included Norco (since at least 4-9-15) and Fentanyl (since at least 4-9-15). The Utilization Review dated 10-9-15, non-certified the request for Fentanyl Dis 75mcg #10 x 3 refills and Norco 10-325mg #120 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 75mcg #10 with 3 Refills: Upheld

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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was report of Fentanyl working "about 70% of the time." There was no report of how effective it was at reducing pain. Function was only improved by allowing her to get out of bed, but all other activities are still very difficult even with Fentanyl use. Side effects were noted with use and no aberrant behavior was also noted. However, without more clear and more significant functional gains associated with this medication, continuation cannot be justified. Therefore, this request for Fentanyl will be considered medically unnecessary. Weaning may be indicated.

Norco 10/325mg #120 with 2 Refills: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was report of Norco working "about 70% of the time." There was no report of how effective it was at reducing pain. Function was only improved by allowing her to get out of bed, but all other activities are still very difficult even with Norco use. Side effects were noted with use and no aberrant behavior was also noted. However, without more clear and more significant functional gains associated with this medication, continuation cannot be justified. Therefore, this request for Norco will be considered medically unnecessary. Weaning may be indicated.