

Case Number:	CM15-0211407		
Date Assigned:	10/30/2015	Date of Injury:	09/08/1990
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina, Georgia
 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 59 year old female with an industrial injury date of 09-08-1990. Medical record review indicates she is being treated for sciatica and chronic pain syndrome. Subjective complaints (09-28-2015) included chronic recurrent pain from failed back syndrome and cervical degenerative disc disease with radicular condition (per treating physician). The treating physician indicates the injured worker has been utilizing medications for chronic pain and has been on a stable regimen for a long time. "She finds her medication very helpful in controlling her symptoms and allowing her to stay functional." She notes her worst pain is located in the lower back and lower extremity and is aggravated by activity, bending, lifting, movement, sitting, standing and walking. Pain is improved by heat, ice, lying down, massage and medications. Relief with medication is documented at 50-60%. The treating physician noted activities of daily living improved by medication consist of walking, sleeping, getting out of bed, grooming, doing dishes, cleaning and prolonged standing. Pain rating with medication is 5 and without medication is 10. Current (09-28-2015) medications included Fentanyl (at least since 06-01-2015) Oxycodone (at least since 06-01-2015), topical compound cream and Neurontin. Other medications listed (08-18-2015) included Pristiq, Lunesta and Saphris. Objective findings (09-28-2015) included diffuse tenderness to palpation over the cervical 4-5 and cervical 5-6 cervical interspaces. There was moderate to severe tenderness over the lumbar 4-5 and lumbar 5-sacral 1. The injured worker used a cane for support and had an antalgic gait with decreased weight bearing on the left lower extremity. There was diminished sensation over the left cervical 5 and cervical 7 distributions. Prior treatment included activity modification, physical therapy and

medications. The treating physician noted last urine drug screen was performed 3 months ago and was consistent with prescribed medications. On 10-15-2015 the request for the following was modified by utilization review as listed below: Original request for Oxycodone 15 mg # 120 - modified to 1 prescription of Oxycodone 15 mg # 60 Original request for Fentanyl patch 100 mcg per hour # 14 - modified to 1 prescription of Fentanyl patch 100 mcg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

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

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as Oxycodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Additionally, the MED for the prescribed Oxycodone 15 mg qid and Fentanyl 100 mcg/hr is 330, which far exceeds the 120 MED recommendations. The original UR decision modified the request to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Oxycodone 15 mg #120 and this request is denied. Therefore is not medically necessary.

Fentanyl patch 100mcg/hr #15: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Fentanyl, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional

improvement. It does not address the efficacy of concomitant medication therapy. Additionally, the MED for the prescribed Oxycodone 15 mg qid and Fentanyl 100 mcg/ hr is 330, which far exceeds the 120 MED recommendation. The original UR decision modified the request to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Fentanyl 100 mcg #15 and the request is denied, therefore is not medically necessary.