

Case Number:	CM15-0217683		
Date Assigned:	11/09/2015	Date of Injury:	01/24/2007
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female, who sustained an industrial injury on 1-24-07. The injured worker was being treated for pain in right hip and sacroiliac joint pain. On 10-14-15, the injured worker complains of continued right lumbosacral pain rated 10 out of 10 without medications. Documentation does not include level of pain prior to and following administration of medication or duration of pain relief. She notes with pain medication she is able to work. She is working full time. Physical exam performed on 10-14-15 revealed tenderness to palpation of right sacral-parasacral region with some tenderness to palpation in sciatic notch. Treatment to date has included Duragesic patch 75mcg (since at least 4-17-12), Hydrocodone-acetaminophen 10-325mg; acupuncture, nerve blocks and activity modifications. Documentation submitted did not include results of urine toxicology screen. The treatment plan included prescription for Fentanyl 75mcg patches #15. On 10-25-15 request for Fentanyl patch 75mcg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/transdermal patch #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, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents on 10/14/15 with lower back pain rated 10/10. The patient's date of injury is 01/24/07. The request is for Fentanyl 75mcg/transdermal patch #15. The RFA was not provided. Physical examination dated 10/14/15 reveals diffuse tenderness to palpation of the right sacral region, parasacral region, and sciatic notch. The patient is currently prescribed Fentanyl patches and Norco. Patient is currently working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Fentanyl patches for the management of this patient's chronic pain, the treater has not provided adequate documentation of analgesia. The most recent progress note, dated 10/14/15 has the following regarding medication efficacy: "Pt reports pain 10/10 if no meds are available... PTs pain not controlled without meds, thus meds rx, she works full time, only thing that allows her to get through the days are her meds, continue at current dose..."[sic] Such vague documentation does not satisfy MTUS Guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. It is stated that this patient continues to work (which does constitute increased functionality), though no consistent urine toxicology screenings were provided for review, no analgesia via a validated scale is noted, and the provider does not include a statement regarding a lack of aberrant behaviors. While this patient presents with significant chronic pain complaints, without appropriate documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.