

Case Number:	CM15-0220321		
Date Assigned:	11/16/2015	Date of Injury:	08/04/1989
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, 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 injured worker is a 62-year-old male, who sustained an industrial injury on 8-4-89. The injured worker is diagnosed with shoulder joint pain, lumbago, cervical and lumbar spine degenerative disc disease, lumbar facet arthropathy, cervicalgia and sciatica. Per note dated 9-29-15 the injured worker is not working. A note dated 9-29-15 reveals the injured worker presented with complaints of neck pain that radiates to his left shoulder and experiences decreased range of motion due to pain, low back pain that radiates to his hips, bilaterally, upper and mid back pain that radiates to his left side and left hand and wrist pain. His pain is rated at 6 out of 10. Physical examinations dated 8-10-15 and 9-29-15 revealed decreased cervical spine range of motion and decreased sensory in the left C7 and C8 distribution. The Spurling's test is positive, bilaterally. The lumbar spine reveals tenderness to palpation, decreased and painful range of motion, bilateral L4-S1 facet tenderness. The thoracic spine is tender to palpation and reveals decreased range of motion. Treatment to date has included cervical spine fusion in 1989 and neck brace. His medication regimen includes; Soma, Norco, Fentanyl (3-2015) and Voltaren gel. He reports he is able to walk with frequent breaks with medication; otherwise, he reports he would be primarily bedridden, per note dated 9-29-15. A note dated 9-29-15 states the injured worker has experienced therapeutic failure from cervical and lumbar epidural steroid injections, Methadone, anti-inflammatory medications (due to stomach upset) and land physical therapy. Diagnostic studies include urine toxicology screen, which is consistent with prescribed medication per note dated 9-29-15; cervical spine x-ray and MRI and lumbar spine MRI. A request for authorization for Fentanyl 12 mcg per hour #10 and Fentanyl 25 mcg per hour #10 is non-certified, per

Utilization Review letter dated 10-9-15. The patient has had MRI of the cervical spine on 7/30/15 that revealed disc protrusions, foraminal narrowing, post surgical changes and degenerative changes. The patient has had MRI of the lumbar spine on 7/25/14 that revealed disc protrusions, foraminal narrowing. The patient's surgical history includes cervical spine fusion and left rotator cuff repair and bilateral wrist surgeries. The patient has had a history of GI problem with NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg/hr, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids, criteria for use, Duragesic (fentanyl transdermal system).

Decision rationale: Request: Fentanyl 12mcg/hr, #10. According to MTUS guidelines, Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic is "not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic 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 addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications for chronic pain, is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications for chronic pain, without the use of fentanyl, was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 12mcg/hr, #10 is not established for this patient, given the medical records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. This request is not medically necessary.

Fentanyl 25mcg/hr, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl, Opioids, criteria for use.

Decision rationale: Fentanyl 25mcg/hr, #10. According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic is "not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic 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 addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications for chronic pain is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications for chronic pain, without the use of fentanyl, was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 25mcg/hr, #10 is not established for this patient, given the medical records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. This request is not medically necessary.