

Case Number:	CM15-0222559		
Date Assigned:	11/18/2015	Date of Injury:	09/30/2003
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/12/2015

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 57 year old female who sustained an industrial injury September 30, 2003. Past history included insulin dependent diabetes, hypertension, stroke 2010, left shoulder surgery January 2015, anterior lumbar fusion L4-S1 August 2014, and lumbar disc replacement April 2009- L5-S1 microdiscectomy and fusion. Diagnoses are degeneration of cervical intervertebral disc; chronic pain syndrome; knee pain; lumbar post laminectomy syndrome. According to a treating physician's notes dated October 20, 2015, the injured worker presented with complaints of back pain with numbness and tingling, rated 7 out of 10 with medication and 10 out of 10 without medication, with bilateral lower extremity radiation right greater than left; neck pain radiating to the left upper extremity with tingling and left shoulder pain with weakness- wears a sling and brace. She was evaluated by ultrasound for a clot and was negative. The right leg becomes numb especially in L4 distribution and the left leg is numb as usual. She was recommended to walk with a walker rather than a cane. Current medication included Fentanyl, Gabapentin, Hydrochlorothiazide, Meclizine, Oxycodone, Plavix, Trazodone, Ventolin and Zolpidem. Objective findings included antalgic gait and ambulates with a cane; cervical spine- tenderness of the trapezius and rhomboid, pain with motion; sensation, right- decreased sensation of the upper thigh, lower thigh, knee, medial leg; decreased sensation in the lateral leg and dorsum of the foot, decreased on the sole of the foot and posterior leg; sensation left- decreased sensation of the knee and medial leg, lateral leg dorsum of foot, sole of foot and posterior leg; lumbar spine-tenderness of sacrum, paraspinal at L4 gluteus maximus, very limited range of motion. The physician documented the right lower extremity weakness as new. At issue,

is the request for authorization dated October 20, 2015, for Oxycodone and Fentanyl (since at least July 15, 2015). According to utilization review dated November 3, 2015, the requests for Oxycodone 30mg Quantity: 210 and Fentanyl 75mcg-hr patch Quantity: 10 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #210 per 10/20/15 order: 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, 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. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the provider was prescribing a total of 495 morphine equivalents per day to this worker, who reported persistent chronic debilitating pain, preventing her from working. The provider did document that the worker finds the collective use of medications (including fentanyl, oxycodone, gabapentin, and others) as being helpful, reducing pain and allowing her to walk a few minutes. For a collective use of medication outcome, this is quite poor of a response, especially considering the dose of medication being used regularly. Also, there was no report on just her opioid medication use or only the oxycodone use and the pain levels as well as functional ability with and without its use, independent of the other medications, which would more clearly identify its true benefit. Regardless of even a small benefit, the risks associated with the level of dosing of oxycodone and fentanyl combined are real and weaning should be at least attempted. This request for now is not medically necessary.

Fentanyl 75mcg/hr patch #10 per 10/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl, Topical Analgesics.

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. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the provider was prescribing a total of 495 morphine equivalents per day to this worker, who reported persistent chronic debilitating pain, preventing her from working. The provider did document that the worker finds the collective use of medications (including fentanyl, oxycodone, gabapentin, and others) as being helpful, reducing pain and allowing her to walk a few minutes. For a collective use of medication outcome, this is quite poor of a response, especially considering the dose of medication being used regularly. Also, there was no report on just her opioid medication use or only the fentanyl use and the pain levels as well as functional ability with and without its use, independent of the other medications, which would more clearly identify its true benefit. Regardless of even a small benefit, the risks associated with the level of dosing of oxycodone and fentanyl combined are real and weaning should be at least attempted. This request for now is not medically necessary.