

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0030872 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 05/15/1996 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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:

This is a 56 year old male sustained a work related injury on 05/15/1996. According to an office visit dated 02/05/2015, the injured worker was experiencing back stiffness and pain. The condition had existed for an extended amount of time. Pain was rated 9 on a scale of 1-10. Cervical pain was rated 6 and was described as aching, burning, deep, disabling, pounding, pressure, pulling headache. The injured worker was experiencing back stiffness and numbness and tingling. Knee pain was rated 8 and the injured worker experienced burning, swelling, tenderness and throbbing. Pain was described as aching, burning, cramping, exhausting, pinching, weakness, nagging, sore and stiff. Leg pain was rated 6 and 7 on a scale of 1-10. The injured worker was experiencing stiffness, swelling, tenderness and spasming. Pain was described as aching, burning, deep, shooting and stabbing. Medications prior to evaluation included Clonazepam, Docusate sodium, Fentanyl, Gabapentin, Lunesta, Melatonin, Naprosyn, Omeprazole, Percocet, Prestiq, Skelaxin, Super B Complex, Tamsulosin HCL, testosterone topical and vitamin c. According to the provider, Gabapentin was used for nerve pain to minimize the need for evening hot baths for neuropathic pain. According to the Utilization Review physician, the injured worker had been utilizing this medication since at least June 2014. However, there did not appear to be a change in the injured worker's symptoms, despite medication use. There were continued complaints of neuropathic pain in several recent progress reports. Per the doctor's note dated 1/22/15 and 2/19/15 patient had complaints of chronic pain in neck and back and knee and leg. Physical examination revealed limited range of motion of knee and back and decreased strength, positive Faber test and tenderness on palpation. The patient's

surgical history included CTR, gastric surgery, knee, back and shoulder surgery. He has had MRI of the lumbar spine on 08/04/2008 that revealed lumbar spine disc herniation; disc protrusion and foraminal narrowing; EMG revealed L5-S1 radiculopathy. The patient had received spinal cord stimulator trial. The patient had received SI joint injection for this injury. The patient has had history of depression and had received psychotherapy. The past medical history included poorly controlled DM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80. Duragesic (fentanyl transdermal system) page 44, Fentanyl page 47.

Decision rationale: Request: Fentanyl 75 mg #15. 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. 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is 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 75 mg #15 is not established for this patient.