

Case Number:	CM15-0035743		
Date Assigned:	03/05/2015	Date of Injury:	09/07/2009
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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 60 year old female, who sustained an industrial injury on 9/7/09. On 2/25/15, the injured worker submitted an application for IMR for review of 1 prescription Fentanyl 25mcg QTY 15, 5 refills, and 1 prescription Fentanyl 12mcg QTY 15, 5 refills, and 1 prescription Prozac 20mg QTY 30, 5 refills. The treating provider has reported the injured worker complained of improved but continued left-sided head pain and numbness since 7/28/2014 right-sided cervical epidural steroid injection and request for medication refills. The diagnoses have included cervical disc degeneration; degenerative arthritis knee; knee joint replacement. Treatment to date has included physical therapy; cervical steroid injections; MRI cervical spine (12/2013) demonstrates cervical fusion C5-C6, C4-C5 disc; status post right total knee replacement (1/2013); medications. On 2/18/15 Utilization Review NON-CERTIFIED 1 prescription Fentanyl 25mcg QTY 15, 5 refills, and 1 prescription Fentanyl 12mcg QTY 15, 5 refills, and MODIFIED 1 prescription Prozac 20mg QTY 30, 5 refills to one prescription only. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Fentanyl 25mcg QTY 15, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

Decision rationale: Based on the 02/16/15 progress report, the patient presents with pain and numbness on left side of occiput to her left eyebrow. The request is for FENTANYL 25MCG QTY 15, 5 REFILLS. The patient's diagnoses per RFA dated 02/16/15 included cervical disc degeneration; degenerative arthritis knee; knee joint replacement and depression. Current medications include Fentanyl, Prozac, Protonix and Wellbutrin, per medication list dated 01/05/15. The patient's work status is unavailable. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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. In this case, the patient has been using the Fentanyl patch at least since 09/02/14. This report states that Fentanyl helps to reduce her pain from 5/10 to 3/10. On 02/16/15, the treater states "She is down to Fentanyl 25mcg/hr. she is hurting more but is trying to see if she can manage at this dose." It would appear that the treater is trying to wean the patient off of the Fentanyl but the request is with 5 refills and there is a concurrent request for 12 mcg/hr patches with 5 refills as well. It would appear that the plan is to continue these patches for 6 months. For chronic use of opiates MTUS requires appropriate discussion of the 4A's, While general statement of helping the patient is mentioned by the treater, no specific ADL's are provided showing significant functional improvement; no validated instruments are used, no outcome measure and UDS's are not provided showing opiate management. The request IS NOT medically necessary.

1 prescription Fentanyl 12mcg, QTY 15, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

Decision rationale: Based on the 02/16/15 progress report, the patient presents with pain and numbness on left side of occiput to her left eyebrow. The request is for FENTANYL 12MCG QTY 15, 5 REFILLS. The patient's diagnoses per RFA dated 02/16/15 included cervical disc degeneration; degenerative arthritis knee; knee joint replacement and depression. Current medications include Fentanyl, Prozac, Protonix and Wellbutrin, per medication list dated 01/05/15. The patient's work status is unavailable. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate

to severe requiring continuous, around-the-clock opioid therapy. MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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. In this case, the patient has been using the Fentanyl patch at least since 09/02/14. This report states that Fentanyl helps to reduce her pain from 5/10 to 3/10. On 02/16/15, the treater states "She is down to Fentanyl 25mcg/hr. she is hurting more but is trying to see if she can manage at this dose." It would appear that the treater is trying to wean the patient off of the Fentanyl but the request is with 5 refills and there is a concurrent request for 25 mcg/hr patches with 5 refills as well. It would appear that the plan is to continue these patches for 6 months. For chronic use of opiates MTUS requires appropriate discussion of the 4A's, While general statement of helping the patient is mentioned by the treater, no specific ADL's are provided showing significant functional improvement; no validated instruments are used, no outcome measure and UDS's are not provided showing opiate management. The request IS NOT medically necessary.

1 prescription Prozac 20mg QTY 30, 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15.

Decision rationale: Based on the 02/16/15 progress report, the patient presents with pain and numbness on left side of occiput to her left eyebrow, rated 5/10. The request is for PROZAC 20MG QTY 30, 5 REFILLS. The patient's diagnoses per RFA dated 02/16/15 included cervical disc degeneration; degenerative arthritis knee; knee joint replacement and depression. Current medications include Fentanyl, Prozac, Protonix and Wellbutrin, per medication list dated 01/05/15. The patient's work status is unavailable. Regarding Prozac (Fluoxetine), MTUS page 13-15 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)." Prozac is included in all treater's reports provided from 09/02/14 to 02/16/15. On 2/16/15, the treater states that the patient has tried and failed Celexa, Wellbutrin. Prozac appears to have failed as well due to it being "too strong." However, the treater reports the patient has "restarted Prozac 20mg but using it every other day and feels better." The issue of the Prozac being too strong for the patient appears to have been resolved by taking it every other day. In this case, the patient has been taking Prozac for pain and depression, indications supported by MTUS. The request IS medically necessary.