

Case Number:	CM15-0037950		
Date Assigned:	03/06/2015	Date of Injury:	11/22/2004
Decision Date:	11/30/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 32 year old male-female, who sustained an industrial-work injury on 11-22-04. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbago and lumbar DDD (degenerative disc disease). Treatment to date has included medication, surgery (laminectomy), and home exercises. Currently, the injured worker complains of uncontrolled pain, rated 7 out of 10 with meds, and depression with attempt to wean off the Fentanyl patch. Other medications include Methadone and Lexapro. He had failed detox programs 5-6 times with last attempt a year ago. He is working full time. Per the primary physician's progress report (PR-2) on 1-28-15, alert and oriented, depressed, and tearful. Current plan of care includes continue current activities as tolerated, stretching, medication, and follow up. The Request for Authorization requested service to include Fentanyl 72hr 100mcg/hr #10 with 0 refills. The Utilization Review on 2-4-15 denied the request for Fentanyl 72hr 100mcg/hr #10 with 0 refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 72hr 100mcg/hr #10 with 0 refills: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Fentanyl, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term.

Decision rationale: Regarding the request for Fentanyl 72hr 100mcg/hr #10 with 0 refills, California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). However, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents even if you do not take in consideration the methadone. Indeed, the last note has the physician decreasing the Fentanyl to 75mcg/hr. As such, there is no clear indication for ongoing use of the medication at 100mcg/hr. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Fentanyl 72hr 100mcg/hr #10 with 0 refills is not medically necessary.