

Case Number:	CM15-0043573		
Date Assigned:	03/13/2015	Date of Injury:	03/27/1978
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61-year-old male, who sustained a work/ industrial injury on 3/27/78. He has reported initial symptoms of neck and low back pain. The injured worker was diagnosed as cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, and degeneration of cervical /lumbosacral intervertebral disc. Treatments to date included conservative treatment, epidural steroid injection, psychotherapy, chiropractic care, Left shoulder repair (8/2013), Transcutaneous Electrical Nerve Stimulation (TENS) unit and facet joint injections on left side. Magnetic Resonance Imaging (MRI) revealed disc degeneration at multiple levels and mild cord compression at C5-6. Electromyogram/nerve conduction velocity (EMG/NCV) noted right greater than left carpal tunnel syndrome without ulnar or radial neuropathy. Currently, the injured worker complains of neck pain, bilaterally, with stiffness, numbness, tingling to both upper extremities, low back pain with stiffness, along with depression and anxiety due to chronic pain. The treating physician's report (PR-2) from 2/12/15 indicated neck range of motion was normal but with pain, trigger points absent to spine, straight leg raise (SLR) was positive on the left, facet tenderness was diffusely tender bilaterally in the cervical and lumbar regions, facet loading test was negative, spine extension was restricted and painful bilaterally in the lumbar region. The pain score was rated at 4-9/10 on a scale of 0 to 10. Medications included Cymbalta, Butrans, Gabapentin, Fentanyl patch, and Hydrocodone-Acetaminophen. Treatment plan included Fentanyl 25mcg patches for pain management. The IW was argumentative and angry at suggestion s for opioids rotation. The Pills count and Database was noted to be consistent but no UDS report was provided for this review. The IW is also under

the care of a Psychiatrist for treatment of severe depression and anxiety disorder. The psychiatrist noted that the IW had episodes of suicidal ideation, severe anger, irritability, insomnia and general inability to cope or function. There is also a history of obstructive sleep apnea. A Utilization Review determination was rendered recommending non certification for Fentanyl 25mcg patch #15 and Fentanyl 25mcg patch #15 refill 3/1/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids. Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs, co-analgesics and PT has failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency; opioids induced hyperalgesia, addiction, sedation and adverse interactions with sedatives and psychiatric medications. The risks of these adverse effects are significantly increased in patients with a history of co-existing psychiatric disorders. The records indicate that the patient is reporting persistent high pain scores and lack of functional restoration despite chronic utilization of high dose opioids, which is indicative of opioids induced hyperalgesia. The guidelines recommend that psychiatric disorders be effectively managed with medications and cognitive behavioral therapy to improve efficacy of pain treatment modalities. The guidelines recommend that Fentanyl patch be utilized as second line option for opioids tolerant patients. There is no documentation of failure of first line oral opioids, NSAIDs and co-analgesics or inability to take oral medications. The criteria for the use of Fentanyl 25mcg #15 were not met. Therefore, this request is not medically necessary.

Fentanyl 25mcg patch #15, fill 3/1/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs, co-analgesics and PT has failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency; opioids induced hyperalgesia, addiction, sedation and

adverse interactions with sedatives and psychiatric medications. The risks of these adverse effects are significantly increased in patients with a history of co-existing psychiatric disorders. The records indicate that the patient is reporting persistent high pain scores and lack of functional restoration despite chronic utilization of high dose opioids, which is indicative of opioids induced hyperalgesia. The guidelines recommend that psychiatric disorders be effectively managed with medications and cognitive behavioral therapy to improve efficacy of pain treatment modalities. The guidelines recommend that Fentanyl patch be utilized as second line option for opioids tolerant patients. There is no documentation of failure of first line oral opioids, NSAIDs and co-analgesics or inability to take oral medications. The criteria for the use of Fentanyl 25mcg 15 filled 3/1/2015 was not met. Therefore, this request is not medically necessary.