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| Case Number: | CM15-0046986 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 09/20/1996 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: California, District of Columbia, Maryland
 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 58 year old male, who sustained a work/ industrial injury on 9/20/96. He has reported initial symptoms of back pain with radiating pain down the legs. The injured worker was diagnosed as having s/p lumbar fusion, L4-5 and L5-S1 with subsequent removal of hardware, persistent myospasms of lumbar spine, facet arthropathy, L3-4, s/p spinal cord stimulator implantation. Treatments to date included medication, surgery, spinal cord stimulator (2008). Currently, the injured worker complains of chronic pain in the mid back, buttock, and bilateral legs rated 7-8/10 with medication. The treating physician's report (PR-2) from 1/14/15 indicated present medication regimen assists the injured worker function doing activities of daily living (ADL's) and mobility. Medications included Xanax, Trazodone, Ibuprofen, Percocet, and Fentanyl patches. Treatment plan included Fentanyl Patches and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 50 Mcg/Hr, quantity 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines fentanyl transdermal Page(s): 44, 99.

Decision rationale: I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The progress note dated January 14, 2015 indicates that the injured employee has objective pain relief with the usage of Fentanyl as well as increased ability to function. There is a side effect of constipation which has helped with Miralax. No aberrant drug behavior was noted. Considering the improvement with the usage of this medication, this request for Fentanyl is medically necessary.

Percocet 10/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The progress note dated January 14, 2015 indicates that the injured employee has objective pain relief with the usage of Percocet as well as increased ability to function. There is a side effect of constipation, which has helped with Miralax. No aberrant drug behavior was noted. Considering the improvement with the usage of this medication, this request for Percocet is medically necessary.