

Case Number:	CM15-0050488		
Date Assigned:	03/24/2015	Date of Injury:	08/29/2007
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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 66 year old female who sustained an industrial injury to her lower back on August 29, 2007. The injured worker was diagnosed with cervical radiculopathy, post lumbar laminectomy syndrome and chronic pain syndrome. The injured worker is status post L5-S1 decompression and posterior fusion on March 12, 2014. Treatment to date has included surgery medication, physical therapy, injection therapy, diagnostic tests including a cervical spine magnetic resonance imaging (MRI) on January 5, 2015 and Electromyography (EMG)/Nerve Conduction Velocity (NCV) in January 2014, consultations, and pain management. According to the treating physician's progress report on February 9, 2015 the patient continues to experience cervical pain radiating into both upper extremities, worse on the right side and low back pain. Examination of the cervical spine demonstrated tenderness to palpation over the spinous processes and limited range of motion. Motor strength and deep tendon reflexes were equal and symmetrical in the bilateral upper extremities. There were decreased right C6 and C7 dermatomes. The lumbar spine demonstrated mild tenderness to palpation over the spinous processes with limited range of motion and positive straight leg raise bilaterally with sensory intact. Current medications are listed as Cymbalta and Fentanyl patches. Treatment plan consists of current medication with decreasing Fentanyl Patches (2 prescriptions with different strengths) according to the request for authorization and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mcg QTY: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines fentanyl transdermal CRITERIA FOR USE OF OPIOIDS Page(s): 93, 76-78, 88-89.

Decision rationale: The patient was injured on 08/29/2007 and presents with cervical spine pain which radiates into both upper extremities. The request is for FENTANYL PATCHES 25 MCG, QUANTITY 10. The RFA is dated 03/03/2015 and the patient is to remain off work until 04/15/2015. The patient has been using fentanyl patches as early as 07/15/2014. MTUS Guidelines page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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 4 A'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. The 07/15/2014 report states that the patient rates her pain as a 7/10 without medications and a 2/10 to 3/10 with medications. "The patient states that she has experienced significant relief with the fentanyl patch." The 08/12/2014 report indicates that the patient rates her pain as a 9/10 without medications and with fentanyl patches, it decreases to a 6/10. The 09/09/2014 report states the patient rates her pain as an 8/10 without medications and a 6/10 with medications. "The patient has been compliant and reports good relief with the use of medication." The 12/16/2014 report states that the patient rates her pain as a 10/10 without medications and a 7/10 to 8/10 with medications. Although, the treater provides before-and-after pain scale, not all the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor there are any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have 2 urine drug screens conducted on 10/07/2014 and 12/16/2014. The 01/19/2015 reports that the patient "has no history of any prescription or non-prescription medication abuse." In this case, the treating physician has failed to provide the minimum requirements of documentation that are required in MTUS Guidelines for continued opiate use. Therefore, the requested fentanyl patch IS NOT medically necessary.

Fentanyl patches 12mcg QTY: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines fentanyl transdermal CRITERIA FOR USE OF OPIOIDS Page(s): 93, 76-78, 88-89.

Decision rationale: The patient was injured on 08/29/2007 and presents with cervical spine pain which radiates into both upper extremities. The request is for FENTANYL PATCHES 12 MCG, QUANTITY 10. The RFA is dated 03/03/2015 and the patient is to remain off work until 04/15/2015. The patient has been using fentanyl patches as early as 07/15/2014. MTUS Guidelines page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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 4 A'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. The 07/15/2014 report states that the patient rates her pain as a 7/10 without medications and a 2/10 to 3/10 with medications. "The patient states that she has experienced significant relief with the fentanyl patch." The 08/12/2014 report indicates that the patient rates her pain as a 9/10 without medications and with fentanyl patches, it decreases to a 6/10. The 09/09/2014 report states the patient rates her pain as an 8/10 without medications and a 6/10 with medications. "The patient has been compliant and reports good relief with the use of medication." The 12/16/2014 report states that the patient rates her pain as a 10/10 without medications and a 7/10 to 8/10 with medications. Although, the treater provides before-and-after pain scale, not all the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor there are any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have 2 urine drug screens conducted on 10/07/2014 and 12/16/2014. The 01/19/2015 reports that the patient "has no history of any prescription or non-prescription medication abuse." In this case, the treating physician has failed to provide the minimum requirements of documentation that are required in MTUS Guidelines for continued opiate use. Therefore, the requested fentanyl patch IS NOT medically necessary.