

Case Number:	CM15-0053643		
Date Assigned:	03/27/2015	Date of Injury:	04/25/1994
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 04/25/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having complex regional pain syndrome Type II to the upper limb, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, neck pain, spinal stenosis of the lumbar region, disorder of the back, primary fibromyalgia syndrome, spondylolisthesis, lumbar sprain, and disorder of the trunk. Treatment to date has included trial with a spinal cord stimulator, medication regimen, laboratory studies, home care assistance, physical therapy, status post lumbar fusion, and magnetic resonance imaging. In a progress note dated 05/29/2014 the treating provider reports of complaints of severe, aching, gnawing, deep, constant, and worsening pain to the low back and down the bilateral lower extremities along with bilateral pain to the greater trochanters noting a pain level of an eight out of ten with the worst pain being a ten out of ten. The medical records provided did not include the current requests for Percocet 10/325mg with a quantity 180 and Fentanyl Transdermal Patch 100mcg/hr with a quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87.

Decision rationale: The request is not medically necessary. The chart does provide quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) but with a wide range from 2-8/10 with medication. There was also no objective documentation of improved function with the use of percocet Urine drug screen results were inconsistent which may point to aberrant behavior. There are no drug contracts included in the chart although mentioned by progress notes, and there were no long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. She is also on Duragesic patch. The patients MED equivalents far exceed the limit recommended by MTUS. Therefore, the request is considered not medically necessary.

Fentanyl transdermal patch 100mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic, fentanyl Page(s): 78-79, 86-87, 44, 47.

Decision rationale: The request is considered not medically necessary. According to MTUS, fentanyl is a strong opioid, eighty times more potent than morphine. The transdermal patch of fentanyl is not first-line therapy and is FDA-approved for the management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by other means. The 4 A's of monitoring opioids were not met with objective evidence of sufficient improvement in pain and improvement in function. A UDS was found to be inconsistent which may point to aberrant behavior. The patient was also on Percocet. The patient's MED equivalents far exceed the limit recommended by MTUS. Therefore, the request is considered not medically necessary.