

Case Number:	CM15-0056547		
Date Assigned:	04/01/2015	Date of Injury:	08/28/2001
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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: Internal 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 53-year-old male, with a reported date of injury of 08/28/2001. The diagnoses include low back pain, lumbar radiculitis, lumbar disc degeneration, and lumbar post-laminectomy syndrome. Treatments to date have included oral medications and topical pain medication. The progress report dated 02/24/2015 indicates that the injured worker continued to have low back pain. It was noted that the medications were helping to decrease the pain and improve his function. The injured worker complained of low back pain and leg pain. He rated his pain 4 out of 10. The objective findings include tenderness of the cervical spine, decreased cervical range of motion, tenderness of the lumbar spine, tenderness at the lumbar facet joint, and decreased lumbar range of motion. The treating physician requested Fentanyl patch, Methadone, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Washington State Agency Medical Directors' Group <http://agencymeddirectors.wa.gov/mobile.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. 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 aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back complaints. Medical records document the long-term use of opioid medications, which is not supported by MTUS guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back complaints. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 2/24/15 documented the subjective complaint of low back pain. The opioid regimen prescribed on 2/24/15 was Fentanyl 75 mcg/hr, Methadone 10 mg, and Oxycodone 30 mg. Fentanyl 75 mcg/hr was 180 morphine equivalents. Methadone 10 mg was 240 morphine equivalents. Oxycodone 30 mg was 135 morphine equivalents. No rationale was given for using a potent three-opioid regimen. The total daily morphine equivalent dose (MED) was 555. The MTUS guideline recommendation is that opioid dosing not exceeds 120 mg oral morphine equivalents per day. The opioid regimen exceeds MTUS dosing recommendations, and is not supported by MTUS guidelines. Therefore, the request for Fentanyl 75 mcg/hr is not medically necessary.

Methadone 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Washington State Agency Medical Directors' Group <http://agencymeddirectors.wa.gov/mobile.html>.

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Oxycodone 30mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Washington State Agency Medical Directors' Group <http://agencymeddirectors.wa.gov/mobile.html>.

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