

Case Number:	CM15-0060278		
Date Assigned:	04/06/2015	Date of Injury:	09/27/1999
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Emergency 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 was a 53-year-old male, who sustained an industrial injury, September 27, 2009. The injury was sustained while installing ductwork and the jack holding the dust work fell approximately 12-15 feet hitting the injured worker on the top of the head. The injured worker previously received the following treatments Fentanyl Patches, Morphine Sulfate, Baclofen, Dulcolax, Baclofen, Bisacodyl, Megace, home exercise program, x-rays, physical therapy, epidural injections, Vicodin, Norco and Neurontin. The injured worker was diagnosed with low back sprain/strain, low back pain, discogenic low back pain, myofascial low back pain, status post lumbar fusion, post laminectomy syndrome, chronic intractable pain syndrome and L2 compression fracture status post vertebroplasty (non-industrial). According to progress note of December 4, 2014, the injured workers chief complaint was constant back pain with radiation of intermittent pain down both lower extremities. The injured worker described the pain as sharp in character. The injured worker rated the pain 10 out of 10 without pain medication and 5 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. Review of prior provided records show pain ranging from 6/10 but often 8-10/10. The injured worker was having constipation from the pain medication. The physical exam noted slow and guarded transfers and ambulation. The injured worker had limited range of motion of the back and lower extremities. There was moderate pain across the back with tight and taut bands of muscle across the lower back. Medications documented include Celebrex, Lyrica, Fentanyl 100mcg/hr every 2 days, Baclofen and Morphine IR 15mg every 8 hours. The treatment plan included prescriptions for Fentanyl Patches, Morphine Sulfate and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg Patch Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 44, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Continued use of fentanyl patch is not appropriate. The pain control documented is poor with no objective improvement in pain or function as defined by MTUS guidelines. Patient is still having severe pain even with continued long-term medications. The frequency of dosage is not appropriate and does not meet FDA labeling guidelines. Labeling recommends Q72 hours dosing but patient is currently on maximum strength Fentanyl patch and changing the patches early. Patient is on 240mg Morphine equivalent dose(MED) with Fentanyl which is double the maximum recommended dose of 120mg MED as per guidelines. There is no appropriate documentation of monitoring for abuse or side effects. There is no documentation of any long term plan or weaning. Such high dose of opioids have significant risk of side effects and hyperalgesia. The current prescription and dosage of Fentanyl patch as prescribe is not appropriate and is therefore not medically necessary.

Morphine Sulfate IR (immediate-release) 15 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Morphine Sulfate IR is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. Patient has been on opioids chronically with no objective documented improvement in pain or function with current medication regiment and is still having severe pain. Patient is on 240mg Morphine equivalent dose(MED) with Fentanyl which is double the maximum recommended dose of 120mg MED as per guidelines and in combination with morphine intake, pt takes over 270mg MED. There is no appropriate documentation of monitoring for abuse or side effects. There is no documentation of any long term plan or weaning. Such high doses of opioids have significant risk of side effects and hyperalgesia. Continued use of Morphine IR is not medically necessary.

Baclofen 10 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-64.

Decision rationale: As per MTUS Chronic pain guidelines, muscle relaxants should be used for short-term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets is not consistent with plan for weaning or short term use. Baclofen is not medically necessary.