MAXIMUS Federal Services

Case Number:	CM14-0110167		
Date Assigned:	08/01/2014	Date of Injury:	11/14/2008
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who suffered a work related injury on 11/14/08. He lifted a heavy object on the road and felt a sudden popping sensation in the back. The injured worker has undergone bilateral laminectomy at L5 with discectomy at L5-S1. Left medial branch blocks at L3, L4, and L5 with negative response. Diagnostic and therapeutic SI joint injections with 90% relief for 1 week. MRI of the lumbar spine dated 12/30/11 shows remote laminectomy defect at L5-S1 essentially no clinical change from previous study. The most recent medical record submitted for review is dated 05/13/14. The injured worker states that currently he is going through some legal issues pertaining to his Workers' Comp case. He otherwise stays at home and takes care of household and his daughters. Since 04/13/14 he has not been taking Norco and that is causing him to have some increased discomfort. He states that he is also having some trouble getting his Cymbalta and discontinuing the Cymbalta caused him to have some irregular heartbeat. He finds Fentanyl patch very helpful. The injured worker states that it controls his pain to a reasonable extent and allows him to stay active and functional. He was questioned about regarding absence of opiate in a urine toxicology screen performed on the last visit and the injured worker stated he had not been taking his Norco in the morning. His major pain is in the right low back with radiation to the right leg. He does not have much tingling and numbness and weakness as he has had in the past. He finds his medications useful. Worst pain score is 6/10. The least pain score is 3/10. The usual pain score is 4/10. The pain is worse. Sleep pattern is the same. Functionality is worse. The medication usage is decreased. Prior utilization review dated 06/11/14 the Fentanyl patch was modified to initiate weaning. The 12 panel in-house urine screen was non-certified. Current request is for Fentanyl patch 25mcg per hour, quantity 30. Retro 05/13/14 12 panel in-house urine screen, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg/hr QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Page(s): 47.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review dated 06/11/14 the Fentanyl patch was modified to initiate weaning. Therefore medical necessity has not been established.

Retro 5/13/14: 12 Panel in house Urine Screen QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. As such, the request is medically necessary.