

Case Number:	CM14-0110492		
Date Assigned:	08/01/2014	Date of Injury:	09/20/1996
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
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 and Pain Medicine and is licensed to practice in Florida. 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 58-year-old male with a reported date of injury on 09/20/1996. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post lumbar fusion, L4-5 and L5-S1, with subsequent removal of hardware, persistent lumbar myospasms, facet arthropathy, L3-4, and status post spinal cord stimulator implantation with paddle lead at T10. His previous treatments were noted to include epidural steroid injection, therapeutic exercise program, surgery, and spinal stimulator implantation. The progress note dated 06/17/2014 revealed the injured worker went into acute withdrawal due to the inability to receive his medications. The medication regimen included Xanax 0.5 mg tablet 1 every 6 hours as needed for anxiety, trazodone 100 mg 1 at bedtime, ibuprofen 800 mg 1 every 8 hours with food, fentanyl 12 mcg/hour patch 1 every 3 days, fentanyl 75 mcg/hour patch 1 every 3 days, and Percocet 10/325 mg 1 every 8 hours. The physical examination revealed the injured worker's weight was 120 pounds and his blood pressure was 142/82 with a pulse of 62, his height was 5'3 and BMI was 21.25. The Request for Authorization form was not submitted within the medical records. The request was for 10 patches of fentanyl 12 mcg, 10 patches of fentanyl 75 mcg, and 90 tablets of Percocet 10/325 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 patches of Fentanyl 12 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl Page(s): 44, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator. Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>.

Decision rationale: The request for 10 patches of Fentanyl 12 mcg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The Chronic Pain Medical Treatment Guidelines do not recommend as a first line therapy. Duragesic is the trade name for a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, through the skin. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. There is a lack of documentation regarding significant pain relief, improved functional status, side effects, and consistent urine drug screens and when the last test was performed. The Opioid Morphine Equivalent Dosage Calculator recommends 100 med of morphine per day, and the fentanyl 75 mcg and fentanyl 12 mcg/hour exceed guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

10 patches of Fentanyl 75 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl Page(s): 44, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The request for 10 patches of Fentanyl 75 mcg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The Chronic Pain Medical Treatment Guidelines do not recommend as a first line therapy. Duragesic is the trade name for a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, through the skin. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. There is a lack of documentation regarding significant pain relief, improved functional status, side effects, and consistent urine drug screens and when the last test was performed. The Opioid Morphine Equivalent Dosage Calculator recommends 100 med of morphine per day, and the fentanyl 75 mcg and fentanyl 12 mcg/hour exceed guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

90 tablets of Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for 90 tablets of Percocet 10/325mg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation of improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and, whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.