MAXIMUS Federal Services

Case Number:	CM14-0133581		
Date Assigned:	08/27/2014	Date of Injury:	03/27/2000
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 61 year old female who reported an injury on 03/27/2000. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included degeneration of the cervical intervertebral discs, spinal stenosis, failed cervical post-laminectomy, lumbar disc disease, and pain in the shoulder joint region. Her past treatments included medications, injections, home exercise and surgery. The diagnostic studies included a nerve conduction study, MRI, X-ray, urine drug screens, and electromyography. Her surgical history included a cervical spine surgery and right rotator cuff repair. On 08/06/2014, she complained of low back, neck and mid back pain that was aggravated by pushing and lifting. The injured worker reported that the worst pain was in the lower back and mid back. The physical exam findings did not indicate any acute distress but did note problems with digestion, weight gain, swelling, thinking and fatigue. Her medications included Xanax 0.5mg, Fentanyl 25mcg patch every 2 days, and Oxycodone 5mg once every 6 hours as needed. The treatment plan indicated the continuation of home exercise program, and the continued use of Fentanyl 25mcg patch every 2 days #15 and Oxycodone 5mg one tab every 6 hours as needed # 180. The rationale for request was to manage the injured workers' pain by continuing medications that she had previously been on that seemed to improve function and pain. The Request for Authorization form was signed and submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg/hour patch QTY 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic/Fentanyl transdermal system Page(s): 45.

Decision rationale: The request for Fentanyl 25mcg/hour patch #15 is not medically necessary. The California/MTUS guidelines do not recommend Fentanyl as a first-line therapy and state 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. The guidelines do not recommend the use of Fentanyl as a first line therapy option or to be used conjunctively with any other medication. Also, the guidelines indicate that patches are to be worn for a 72 hour period. Based on the clinical notes the injured worker is managing her pain with two opioid containing medications, Fentanyl and Oxycodone, which contradicts the guidelines recommendation of pain not being managed by other means. Also, the indicated use per the clinical notes states the injured worker is to put a new patch on every 2 days, which opposes the recommended guidelines of placing a new patch every 72 hours. There was also a lack of documentation to indicate the effectiveness of the pain patch. There was also no objective data that correlates the improvement of pain after application. Additionally, there were no quantitative measurements to indicate the severity of pain to support the use of a Fentanyl Patch. Therefore, due to lack of quantitative pain documentation, use of Oxycodone along with the Fentanyl patch and the dosing of application every 2 days, the request for Fentanyl 25mcg/hour patch # 15 is not medically necessary.

Oxycodone 5mg QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; criteria for use ofr a therapeutic trial of opioids; When to Continue Opioids ; Chronic pain in general conditions : Neuropathic pain : Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The request for Oxycodone 5mg #180 is not medically necessary. The California/MTUS guidelines recommend the use of the 4 A's for ongoing monitoring. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. Also the guidelines recommend the use of drug screening to ensure the proper use of the medication being prescribed. Consideration of a consultation with a multidisciplinary pain clinic, if doses of opioids are required beyond what is usually required for the condition or pain does not improve within 3 months. The clinical notes do not objectively identify the physical and psychosocial deficits/gains that the injured worker achieved while on the medication to justify the continued use of Oxycodone. Based on the clinical notes the injured worker has been prescribed Oxycodone longer than the recommended time frame of 3 months. The continued use of opioids is not reasonable due to lack quantitative documentation of decreased pain and increased

functionality. The efficacy of the pain medication could not be determined due to the lack of quantifiable measurements. There is also a lack of documentation that she was adhering with mandatory drug screens that asses the compliance of the injured worker while taking the medication. Additionally, there was no indication of tapering the medication for weaning purposes. The injured worker has been prescribed Oxycodone for an extended period, which warrants the consideration of weaning the medication to reduce the risk of withdrawal symptoms. Therefore, due to lack of objective measurable outcomes, the absence of drug screening and the insufficient documentation to support the continued use of Oxycodone, the request for Oxycodone 5mg #180 is not medically necessary.