

Case Number:	CM14-0138354		
Date Assigned:	09/08/2014	Date of Injury:	05/30/2012
Decision Date:	10/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation 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 46-year-old male who sustained an injury on 05/30/12. On 08/20/14, the patient complained of ongoing pain in the neck radiating down to shoulders with limited range of motion. The patient describes pain as constant, sharp, throbbing, pins and needles, stabbing, numbness, pressure, cramping, and weakness. Pain was rated at 7-9. He is allergic to Percocet, Norco, Vicodin, and Soma. Current medications are Fentanyl 12 mcg, Fentanyl 25 mcg, Dilaudid and transderm-scop. He had cervical fusion on 04/18/13. On exam, there was bilateral paracervical tenderness and range of motion was painful and limited. Spurling was positive to the right. There was bilateral cervical spasm. Light touch and strength was decreased in right upper extremity and decreased abduction to right shoulder. Tox screen done on 06/05/14 and 07/19/14 were positive for Norfentanyl. Diagnoses: Arthrodesis status, occipital neuralgia, superior glenoid labrum tear, cervical radiculopathy, neck sprain/strain, cervical facet arthropathy and failed cervical neck surgery syndrome. Plan is to continue with conservative treatment. The request for Urine Tox Screen retro office visit 07/16/14 was denied on 07/29/14 due to lack of medical necessity, but was approved on 08/26/14 by [REDACTED]. The request for Fentanyl 12 mcg PT 72 apply every 48 hours was denied on 07/29/14 as dosage on Fentanyl had been increased, but Fentanyl 12 mcg #15 with two refills was approved on 08/26/14 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine tox Screen for date between 7/16/2014 and 7/16/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and has been on Duragesic. There is no mention of any specific reason for frequent urine drug screen, as a drug urine screen was done on 6/5/14 which was consistent with prescribed Duragesic. Furthermore, there is no evidence of non-compliance or addiction / aberrant behavior. Thus, the request for urine drug screen within 3 months period in this low risk IW is not medically necessary.

Fentanyl 12 mcg PT 72 apply every 48 hours: 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 Page(s): 91.

Decision rationale: Fentanyl transdermal (Duragesic; generic available): Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs). Note: Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Guidelines indicate "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)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. pain level rated at 7-9/10) or function with continuous use to demonstrate the efficacy of this medication. There is no mention of any specific reason for changing the patch from 72 to 48 hours. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Duragesic has not been established based on guidelines and lack of documentation.