

Case Number:	CM14-0160407		
Date Assigned:	10/06/2014	Date of Injury:	09/22/1996
Decision Date:	11/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old male with a work injury dated 9/22/96. The diagnoses include shoulder joint pain and chronic pain. He is noted to have a past history of an anterior cervical discectomy with fusion. Under consideration are requests for Fentanyl Patches, 75mcg/HR #15 and Norco 10/325mg #180. There is a 9/17/14 progress note that states that the patient is still having pain with overhead use of his shoulder. Patient has lower back pain with prolong sitting and standing. Patient's last UDT in July was consistent for the medications taken. Patient denies any recent trauma, injury or illnesses. The patient's health current CURES report 09/09/2014 is consistent for medications and provider. On exam the patient sits on the examining room table in no apparent distress. The patient was able to rise from a seated to a standing position without difficulty. Patient was alert, awake and oriented to time, person and place. Patient's speech was clear and coherent. Patient's gait was normal. The neck revealed tenderness to palpation over the left shoulder and superior trapezius.. The patient has palpable tenderness over the iliolumbar area. Patient had iliolumbar tenderness on flexion from the waist to knee and on extension. The treatment plan includes Fentanyl and Norco. Per documentation a CURES report dated 8/5/14 was consistent for medications and provider. COMM assessment for opiate misuse was +15 indicating high risk. The patient would be placed on a every 2-month urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches, 75mcg/HR #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80.

Decision rationale: Fentanyl Patches, 75mcg/HR #15 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The documentation indicates that the patient has been on Fentanyl Patches since 2003. The documentation indicates that despite long term Fentanyl there is no evidence of significant functional improvement as defined by the MTUS or improvement in pain. Without evidence of these factors continued opioid use is not appropriate and the request for Fentanyl Patches, 75mcg/HR #15 are not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The documentation indicates that the patient has been on Norco since at least 2004. The documentation indicates that despite long term Norco there is no evidence of significant functional improvement as defined by the MTUS or improvement in pain. Without evidence of these factors continued opioid use is not appropriate and the request for Norco 10/325mg #180 is not medically necessary.