MAXIMUS Federal Services

Case Number:	CM14-0099546		
Date Assigned:	07/28/2014	Date of Injury:	11/08/2000
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Interventional Spine, 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 patient is a 39-year-old male with an injury date of 11/08/2000. According to the 05/29/2014 progress report, the patient has had a long history of pain complaints over several bony parts including entire back, mid back, neck pain, multiple joint complaints, and indicated history of prior surgeries in the right knee as well as multiple non-orthopedic issues of hypertension, pancreatitis, gastritis, and headaches, depression, and anxiety. His gait is antalgic and he is using crutches for ambulation. Upon examination, there is decreased tenderness noted over the entire back, which is the normal S1 area with decreased range of motion and some guarding over the lower spine area. The patient's diagnoses include the following:1. Chronic lumbar pain with radiculopathy.2. Chronic cervical pain with radiculopathy.3. Thoracic myofascial pain.4. Bilateral shoulder tendinitis.5. Bilateral wrist tendinitis.6. Chronic knee pain with history of arthroscopic surgery on the right. 7. Depression and anxiety.8. Hypertension.9. Pancreatitis.10. Gastritis.11. Chronic headaches.The request is for the following:Fentanyl patch 50 mcg #10.Oxycodone 10 mg #90.The utilization review determination being challenged is dated 06/18/2014. Treatment reports were provided from 10/09/2013 to 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 44Duragesic (fentanyl transdermal system)Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). 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. See Fentanyl. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pian after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior Page(s): 44.

Decision rationale: According to the 05/29/2014 progress report, the patient has had history of pain complaints over several bony parts such as the back, neck, and multiple joints pains, pancreatitis, gastritis, headaches, depression, hypertension, and anxiety. The request is for Fentanyl patch 50 mcg #10. The patient has been using Fentanyl patches as early as 10/09/2013. The 11/06/2013 report states that the patient has been using Fentanyl patches "for a long period of time for chronic pain. The medications cannot be abruptly discontinued. The patient uses 1 patch for 48 hours secondary to having withdrawal symptoms after 48 hours. It is, once again, detrimental that the patient be provided with these patches in the correct dosage and quantity in order to prevent severe withdrawals and possibly die." The 01/08/2014 report states that Fentanyl patches 75 mcg/hr were prescribed to be applied every 72 hours with quantity of 10. The 02/06/2014 report indicates that, "The Duragesic patches (Fentanyl patch) are not enough in subsiding his symptoms. They do help him function, however. Previously, he was prescribed 1 patch every 48 hours by his previous pain management physicians. At this time, we will only refill the prescription for 1 patch every 72 hours." The 04/22/2014 report states, "Fentanyl patch is a high dose of 75 mcg/hr every 3 days. It will be reduced to 50 mcg/hr every 3 days, and he may take Oxycodone 10 mg twice a day for breakthrough pain." The MTUS Guidelines page 44 states Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is a name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. MTUS page 78 requires outcome measures such as current pain, average pain, least pain, time it takes for medication to take effect, and duration of pain relief with medication to be documented. Discussion regarding the 4As is also required. Review of the reports shows that the patient has been taking Fentanyl patches as early as 10/09/2013, and that the patient is being weaned off as guided by MTUS Guidelines. Therefore, this request is medically necessary.

Oxycodone 10 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, pages 60,61 and Criteria for use of opioids, pages 88, 89.

Decision rationale: Based on the 05/29/2014 report, the patient has had a history of pain complaints over several bony parts such as the back and neck as well as multiple joint complaints, hypertension, pancreatitis, gastritis, headaches, depression, and anxiety. The request is for Oxycodone 10 mg #90. The 04/22/2014 report states, "Fentanyl patch is at a high dose of 75 mcg/hr every 3 days. It will be reduced to 50 mcg/hr every 3 days, and he may take Oxycodone 10 mg twice a day for breakthrough pain." It seems as though the patient has been prescribed Oxycodone due to the fact that he is weaning off of fentanyl patch. According to MTUS page 89, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the patient should be allowed to use Oxycodone for a while as the patient is being tapered on Fentanyl patches. Therefore, this request is medically necessary.