

Case Number:	CM14-0143493		
Date Assigned:	09/10/2014	Date of Injury:	07/20/1999
Decision Date:	02/25/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 60-year-old woman with a date of injury of 07/20/1999. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 07/09/2014 indicated the worker was experiencing neck pain that went into the arm with numbness, tingling, and weakness; headaches; depression; and problems sleeping. The documented examination described a flattened affect, tenderness in the upper back with muscle spasms, positive compression testing, decreased motion in the upper back joints, left arm generalized weakness and right arm biceps weakness, and decreased sensation along the paths of the left C6 and C7 spinal nerves and the right C5 and C6 nerves. The submitted and reviewed documentation concluded the worker was suffering from post-laminectomy neck pain, severe intractable headaches, radicular pain involving both arms, lower back pain, and chronic pain syndrome with secondary depression and anxiety. Treatment recommendations included medications, medications injected near the upper spinal nerves, and follow up care. A Utilization Review decision was rendered on 08/12/2014 recommending non-certification for thirty fentanyl 200mcg lozenges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl OT LOZ 200mcg #30 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

Decision rationale: Fentanyl is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the arm with numbness, tingling, and weakness; headaches; depression; and problems sleeping. While the worker was prescribed fentanyl lozenges for as needed use, there was no indication the worker was taking them or that the worker had improved pain intensity or function. There also was no discussion explaining the workers need for such a high dose of opioid medication. In the absence of such evidence, the current request for thirty fentanyl 200mcg lozenges is not medically necessary. Because of the significant risks without documented benefit from this medication, and because the worker was prescribed fentanyl lozenges for as needed use, the worker should be able to complete and individualized taper with the medication the worker already has available.