

Case Number:	CM14-0213529		
Date Assigned:	12/31/2014	Date of Injury:	11/26/2003
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 60-year-old female who has submitted a claim for status post C4-C5 fusion, depression due to chronic pain, dysphagia and low back pain associated with an industrial injury date of 11/26/2003. Medical records from 2014 were reviewed. The patient complained of persistent neck and low back pain rated 6-7/10 in severity. Her medications provided pain relief and allowed her to function. She was able to walk on a daily basis. She denied any side effects. Physical examination showed good strength of both upper and lower extremities. She demonstrated normal gait without any balance problems. The urine drug screen from 2/25/2014 showed consistent result with prescription medications. Treatment to date has included cervical fusion, physical therapy and medications such as Norco, Duragesic patch, Colace and Neurontin (since 2013). The utilization review from 11/20/2014 modified the request for fentanyl patch 100mcg #30 into #15 for the purpose of weaning because it was not recommended as a first line treatment for chronic non-malignant pain, modified Norco 10/325mg #240 into #200, and modified Colace 250mg # 60 w/ 4 refills into #60 with no refill. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <9792.20 - 9792.26>, Duragesic; Opioids; Fentanyl (transdermal) Page(s): 44; 78; 93.

Decision rationale: Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). , There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the patient has been on duragesic patch since 2013. She complains of persistent neck and low back pain rated 6-7/10 in severity. Her medications have provided pain relief and allowed her to function. She is able to walk on a daily basis. She has denied any side effects. Physical examination showed good strength of both upper and lower extremities. She demonstrated normal gait without any balance problems. The urine drug screen from 2/25/2014 showed consistent result with prescription medications. The guideline criteria for continuing opioid management have been met. Therefore, the request for fentanyl patch 100mcg #30 is medically necessary.

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <9792.20 - 9792.26>, Opioids Page(s): 78.

Decision rationale: Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). , There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the patient has been on Norco since 2013. She complains of persistent neck and low back pain rated 6-7/10 in severity. Her medications have provided pain relief and allowed her to function. She is able to walk on a daily basis. She has denied any side effects. Physical examination showed good strength of both upper and lower extremities. She demonstrated normal gait without any balance problems. The urine drug screen from 2/25/2014 showed consistent result with prescription medications. The guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325mg #240 is medically necessary.

Colace 250mg # 60 w/ 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient is currently on Norco and fentanyl patch; hence, prophylactic treatment for constipation has been established. Therefore, the request for Colace 250mg # 60 w/ 4 refills is medically necessary.