

Case Number:	CM14-0214783		
Date Assigned:	01/07/2015	Date of Injury:	04/05/1999
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year-old female with a date of injury of April 5, 1999. The patient's industrially related diagnoses include chronic pain syndrome, lumbar post-laminectomy syndrome, and degenerative disc disease of the lumbar spine. The disputed issues are Fentanyl 25mcg/hr transdermal patch #10 and Norco 10/325mg #120. A utilization review determination on 11/26/2014 had non-certified these requests. The stated rationale for the denial was: "According to the CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, there must be medical documentation provided regarding the patients visual analog scale without taking the medications and when taking the medications. The aching back pain radiated to the bilateral lower extremities. The pain was alleviated by lying down and medication and aggravated by carrying, lifting, and twisting. The activities of daily living were improved by medication. There was no change in symptoms and the pain was rated as 4/10 without medication and 8/10 with medications. The patient reported muscle aches and arthralgias or joint pain. There must also be functionality provided of the improvements while taking the medications. Consultation with a psychiatrist or psychologist is expected to be provided. There also must be a plan of how long this pain regimen is to be provided. There was also a suggestion that urine toxicology be carried out. Therefore the requests for the Norco and fentanyl patch were felt by the utilization reviewer to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr transdermal patch, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids, specific drug list Page(s): 93 and 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Duragesic 25 mcg/hr, Chronic Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the medical records available for review, there is documentation that the medication is improving the injured worker's function or pain. In the progress report dated 9/22/2014, it was documented that pain level with medication was noted to be 4/10 and without medication it was 8/10. Specific examples of functional improvement with medication were provided. However, there was limited discussion regarding aberrant use. A previous urine drug screen was done, but the sample was insufficient so another toxicology screen was done on 9/22/2014 using a saliva method. But this patient appears to have been on chronic opioids and the patient has a remote date of injury from years ago. Therefore, some other form of aberrancy monitoring such as a CURES report or a previous urine toxicology report demonstrating consistency should have been submitted. Based on the guidelines, the requested Duragesic 25 mcg/hr #10 is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 76-78, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: Regarding the request for Norco 10/325mg, Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Within the medical records available for review, there is documentation that the medication is improving the injured worker's function and pain. In the progress report dated 9/22/2014, it was documented that pain level with medication was noted to be 4/10 and without medication it was

8/10. Specific examples of functional improvement with medication were provided. However, there was limited discussion regarding aberrant use. A previous urine drug screen was done, but the sample was insufficient so another toxicology screen was done on 9/22/2014 using a saliva method. But this patient appears to have been on chronic opioid therapy and has a remote date of injury, so some other form of aberrancy monitoring such as a CURES report or a prior urine toxicology screen should have been submitted as evidence of opiate monitoring of the 4 A's. In light of this documentation, the requested Norco 10/325mg #120 is not medically necessary at this time.