

Case Number:	CM14-0218181		
Date Assigned:	01/07/2015	Date of Injury:	10/07/2003
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male who sustained a work related injury on 10/07/2003. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Primary Treating Physician's Progress Report (PR2) dated 11/07/2014 the injured worker reported chronic neck pain with radiation to the left upper extremity. Pain is rated as 4 out of 10 with an average of 6 out of 10 using a visual analog scale. Pain has worsened by 20% since the last visit. Pain is described as constant and aching, sharp, shooting and throbbing. Objective physical examination revealed cervical spasm and decreased range of motion. Diagnoses include cervical herniated disc, cervical failed back syndrome, opioid dependence, degenerative disc disease, cervicgia, and cervical radiculopathy. The plan of care includes a cervical fusion when medically cleared, home exercise program, and medications. Work Status is not provided. On 12/03/2014, Utilization Review modified a prescription for a Fentanyl patch 75mcg/hr #15 based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr patch every 48 hrs #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; and Fentanyl Transdermal (Duragesic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids AND Weaning of Medications Page(s): 78-96, p. 124.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, although there was some reported functional benefits related to his medication use (including fentanyl), the overall dosing of opioids is still elevated, albeit lower than previous usage, at 290 mg equivalents per day. Previous requests to further wean down on the medications were made via UR. There was no current discussion documented in the notes as to how the weaning process was going to proceed. Continuation at the same doses for months leading up to this request does not qualify as weaning. Further weaning of fentanyl is recommended and the dose requested (fentanyl 75 mcg/her, #15) will not be considered medically necessary to continue.