

Case Number:	CM15-0013658		
Date Assigned:	02/02/2015	Date of Injury:	11/05/2008
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 11/5/08. She has reported low back pain. The diagnoses have included herniation of lumbar intervertebral disc with radiculopathy, lumbar post laminectomy syndrome, lumbar radiculopathy and allergic reaction. Treatment to date has included lumbar laminectomy, L5-S1 decompression and lumbar fusion in 2013, physical therapy, epidural steroid injection and oral medications. A carpal tunnel screen was performed on 11/11/14 which revealed Electrodiagnostic evidence of a moderate right and left median sensorimotor neuropathy characterized primarily by demyelination and (MRI) magnetic resonance imaging of lumbar spine was performed on 1/7/14 which revealed disc bulge, mild to moderate spinal stenosis, left foraminal stenosis and L5-S1 post laminectomy syndrome, otherwise unremarkable. Currently, the injured worker complains of chronic and constant low back pain with radiation to the left leg down to the toe worsened with activity. It is noted on the physical exam dated 12/24/14 the injured worker experienced significant pain relief from the use of Norco and Fentanyl. On 1/7/15 Utilization Review submitted modified certifications for Hydrocodone-acetaminophen 10/325mg and Fentanyl duragesic patch, noting the documentation does not identify quantifiable pain relief, appropriate medication use and lack of aberrant behaviors and there is no documentation of urine drug screen, modified certification is allowed for tapering. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of Hydrocodone-acetaminophen 10/325mg and Fentanyl duragesic patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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. In the case of this worker, there was reasonable evidence that the important portions of this review (functional outcome, ability to work, no side effects, etc.) were included in the documentation regarding hydrocodone and fentanyl use combined. However, the combined dosage of both the fentanyl and hydrocodone add up to around 200 morphine dose equivalents, which is higher than recommended. Also, there was no number of pills included in the request. Therefore, considering the above reasons, the hydrocodone will be considered medically unnecessary. Weaning may be necessary.

Fentanyl duragesic patch 50mcg/hr #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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. In the case of this worker, there was reasonable evidence that the important portions of this review (functional outcome, ability to work, no side effects, etc.) were included in the documentation regarding hydrocodone and fentanyl use combined. However, the combined dosage of both the fentanyl and hydrocodone add up to around 200 morphine dose equivalents, which is higher than recommended. There was no evidence of recent attempts to reduce this amount and the outcome. Therefore, considering the above the fentanyl will be considered medically unnecessary. Weaning is recommended to achieve a lower effective dosing, if possible.