

Case Number:	CM15-0114312		
Date Assigned:	06/22/2015	Date of Injury:	04/12/2000
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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: Ohio, North Carolina, Virginia
 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 59 year old male who sustained an industrial injury on 4/12/00. Initial complaints were not reported. The injured worker was diagnosed as having failed back surgery syndrome; lumbar radiculopathy; facet arthropathy; sacroiliac joint dysfunction; cervical radiculopathy; thoracic outlet syndrome bilateral; status post rib resection; depression, major. Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of low back pain, lower extremity pain and neck pain. He presents to the office on this day as a follow-up visit and reports continued pain to the low back. The injured worker rates his pain on this date as (bad day) 9. The pain is reports as the same, constant duration, aggravating factors include cold, activity, sitting, standing and walking. Alleviating factors are noted as: heat, rest, lying down, sitting, medications and massage. The injured workers current medications are listed by the provider as: Methadone HCL 10mg one TID; Fentanyl 75mcg/HR PT72 apply one every 48 hours; Lidoderm 5% patch 1 patch every 12 hours; Baclofen 10mg one twice a day- three a day; Wellbutrin XL 300mg one daily; Meloxicam 15mg one daily; Lopid 600mg; Clonazepam 0.5mg; Paroxetine HCL 20mg; Trazodone HCL 50mg; Cyclobenzaprine HCL 10mg. ON this date the injured worker was hypertensive (190/85). The notes document the injured worker has had two lumbar spine surgeries (1998 and 2000). The notes also document the injured worker has a rib resection bilaterally for thoracic outlet syndrome. On physical examination the provider documents the cervical spine shows moderate tenderness over the bilateral paracervical area with limited range of motion. The area is solid, hard approximately 1.5 to 2 inch swelling over the right lower paracervical and trapezius area. Movement of the cervical spine increases pain and

there is no sign of redness or infection. He has diffuse tenderness over the thoracic spine. The lumbar spine examination notes moderate to severe tenderness to the lower lumbar facet and SI joints with extension and flexion very painful and difficult. The straight leg raise bilaterally is positive at 45 degrees. Motor exam notes weakness in both upper and lower extremities. Sensation is decreased in the bilateral lower extremities particularly in the foot. The upper extremities note decreased in the left upper extremity. The most recent random urine toxicology screen was not consistent with all prescribed medications being taken (positive) and was discussed with the injured worker as noted by this provider. He will return in one month for a follow-up appointment. The provider documents that old charts were reviewed and the urine report dated 1/9/15 was positive for hydrocodone. The injured worker reports he only takes what his is given from this clinic. There are urine drug screening reports submitted but there were no EKG report/data for review. The provider is requesting authorization of Fentanyl 75mg #15 and Methadone HCL 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and Opioids Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this instance, the medical record documents improvement in pain and functionality of "50%". However, the pain levels fluctuate between 7/10 on a good day and 9/10 on a bad day and this pattern is seen throughout the medical record over a 6 month period. The 50% pain reduction does not seem to be validated by the VAS scoring system. Additionally, no specific examples of functional improvement over time or as a consequence of the medications are provided. There seems to be no numerical scales or validated instruments of functionality included for review. Because the cited guidelines clearly state that opioids should be discontinued if there is no functional improvement, Fentanyl 75 mg #15 patches is not medically necessary and appropriate because clear evidence of functional improvement has not been included for review. The treating physician should consult available guidelines for opioid weaning.

Methadone HCL 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and Opioids Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this instance, the medical record documents improvement in pain and functionality of "50% ". However, the pain levels fluctuate between 7/10 on a good day and 9/10 on a bad day and this pattern is seen throughout the medical record over a 6 month period. The 50% pain reduction does not seem to be validated by the VAS scoring system. Additionally, no specific examples of functional improvement over time or as a consequence of the medications are provided. There seems to be no numerical scales or validated instruments of functionality included for review. Because the cited guidelines clearly state that opioids should be discontinued if there is no functional improvement, Methadone 10 mg #90 is not medically necessary and appropriate because clear evidence of functional improvement has not been included for review. The treating physician should consult available guidelines for opioid weaning.