

Case Number:	CM15-0115166		
Date Assigned:	06/23/2015	Date of Injury:	06/17/2002
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 69 year old male, who sustained an industrial injury on 6/7/02. The diagnoses have included chronic low back pain, lumbar fusion, lumbar degenerative disc disease (DDD), lumbar radiculopathy, cervical degenerative disc disease (DDD), cervical stenosis, and status post cervical fusion. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, trial spinal cord stimulator, psychiatric, orthopedic consult, bracing, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/3/15, the injured worker complains of neck pain that radiates down the arms, chronic back pain that radiates down the legs, weakness and loss of sensation in the legs. He states that the pain has increased since the last visit and activities have been limited. He notes that he has not been using the Fentanyl patches. The objective findings reveal that he is in moderate discomfort with slowed gait but independent. The cervical spine range of motion is severely limited in all planes, there is moderate tenderness to palpation of the cervical paraspinals, there is moderate to severe tenderness to palpation of the lumbar paraspinals, there is limited range of motion of the lumbar spine, he is wearing a brace to the left lower extremity (LLE), there is diminished sensation in the left lower extremity (LLE), and there is a positive straight leg raise on the left. The current medications included Morphine sulfate IR, Fentanyl patch, Celebrex, Flexeril, Lidoderm patch, Effexor, Primidone and Clonazepam. The urine drug screen dated 6/2/14, 11/19/14 and 3/10/15 was consistent with the medications prescribed. The physician requested treatments included Fentanyl 25MCG patches quantity of 10.00, Fentanyl 12 MCG patches, quantity of 10.00 and Flexeril 10mg tablets quantity of 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25MCG patches Qty: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for fentanyl, California 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 documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. Furthermore, there is no mention of failure of first-line opiate therapy. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested fentanyl, is not medically necessary.

Fentanyl 12 MCG patches, Qty: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for fentanyl, California 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 documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. Furthermore, there is no mention of failure of first-line opiate therapy. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested fentanyl, is not medically necessary.

Flexeril 10mg tablets Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.