

Case Number:	CM15-0117853		
Date Assigned:	06/26/2015	Date of Injury:	07/06/2004
Decision Date:	08/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 59 year old male injured worker suffered an industrial injury on 7/06/2004. The diagnoses included radiculopathy, fibromyalgia, and failed back syndrome. The injured worker had been treated with medications. On 12/11/2014 the provider noted the injured worker was receiving physiotherapy/chiropractic therapy resulting in some reduction in the pain. On 3/4/2015 the treating provider reported the medications provided symptomatic and restorative function in the essential activities of daily living. Without the medications, as he tried weaning in the past, results in irritation, increased pain, inability to walk and made him homebound. On 5/12/2015 the treating provider reported continued right lower extremity radicular pain. He reported his activities were quite limited by the daily pain. On exam the straight leg raise was positive on the right with pain on palpation to the lumbar facets and pain over the lumbar intervertebral spaces. There was gait impairment along with reduced and painful range of motion. The treatment plan included Fentanyl 100 mcg/hr patch and Roxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 88.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." "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 and a reduction in the dependency on continued medical treatment. The documentation provided did include a description of functional improvement in activities of daily living with the medication, however did not include a comprehensive pain assessment and evaluation or reduction in dependency on continued medical treatment. Therefore The Fentanyl patch was not medically necessary.

Roxicodone 15 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 88.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." "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 and a reduction in the dependency on continued medical treatment. The documentation provided did include a description of functional improvement in activities of daily living with the medication, however did not include a comprehensive pain assessment and evaluation or reduction in dependency on continued medical treatment. Therefore, Roxicodone was not medically necessary.