

Case Number:	CM15-0119206		
Date Assigned:	06/29/2015	Date of Injury:	02/29/2000
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female who sustained an industrial injury on 02/29/2000. Mechanism of injury was not documented. Diagnoses include multiple cervical disc protrusions, lumbar spine multiple disc protrusions, left knee sprain and strain, complete tear of the supraspinatus tendon on her bilateral shoulders, and end stage renal failure. Treatment to date has included diagnostic studies, medications, right total knee arthroplasty on 06/01/2012, and physical therapy. She has tightness and spasm in the lumbar paraspinal musculature and positive straight leg raise is noted. There is increased pain with prolonged sitting, standing and walking. The injured worker is permanent and stationary. A physician progress note dated 05/22/2015 documents the injured worker complains of continued low back pain with pain radiating into his right and left leg. Lumbar range of motion is restricted. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally. There is weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. On 01/30/2015, a Urine Drug screen was consistent with medications. Treatment requested is for Fentanyl 100 mg Qty 10, every 72 hrs. for pain, Fentanyl 50 mg Qty 10, every 72 hrs. for pain, and Norco 10/325 mg Qty 120, 1 tab every 6 hrs as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mg Qty 10, every 72 hrs for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora Page(s): 47.

Decision rationale: According to MTUS guidelines, "Fentora (fentanyl buccal tablet) not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained." Fentora is not recommended for chronic use for pain management. Furthermore, there is no documentation of Fentanyl efficacy during its previous use. Therefore, the request for Fentanyl 100 mg Qty 10 is not medically necessary.

Norco 10/325 mg Qty 120, 1 tab every 6 hrs as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 78-80, 93, 124; 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Fentanyl 50 mg Qty 10, every 72 hrs for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Fentora Page(s): 47.

Decision rationale: According to MTUS guidelines, "Fentora (fentanyl buccal tablet) not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained." Fentora is not recommended for chronic use for pain management. Furthermore, there is no documentation of Fentanyl efficacy during its previous use. Therefore, the request for Fentanyl 50 mg Qty 10 is not medically necessary.