

Case Number:	CM15-0119321		
Date Assigned:	06/30/2015	Date of Injury:	02/04/2009
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
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: Arizona, California
 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:

This 65 year old female sustained an industrial injury to the low back on 2/4/09. Previous treatment included lumbar fusion at L3-L5 (6/25/14), lumbar decompression at L4-5 and L5-6 (8/24/09), physical therapy, epidural steroid injections and medications. The injured worker was currently receiving physical therapy and medication management. In a pain management evaluation dated 5/14/15, the injured worker complained of ongoing right lower extremity burning pain with numbness and tingling. The injured worker also reported some pain to the left thigh and some urinary incontinence. The injured worker rated her pain 10/10 on the visual analog scale without medications and 6/10 with medications. The injured worker noted improvement in pain and function with current medication regimen allowing her to participate in activities of daily living. Without medications, the injured worker could stand for 15 minutes and walk for less than one block. With medications the injured worker could stand for up to 45 minutes and walk up to four blocks. Physical exam was remarkable for diffuse tenderness to palpation to the low back and dysesthesia in the dorsum of the right foot with decreased right lower extremity motor strength. Current diagnoses included low back pain, right lower extremity radicular pain, morbid obesity status post lab-band procedure (2011) and medication induced constipation. The treatment plan included continuing medications (Fentanyl patch, Norco, Gabapentin and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 12mcg/hr, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioids, specific drug list: Fentanyl transdermal (Duragesic; generic available).

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

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Norco short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of Tricyclic failure or weaning attempt. Long-term use is not recommended for mechanical or compressive etiologies. Continued use of Fentanyl is not medically necessary.

Hydro/APAP (hydrocodone/acetaminophen) 7.5/325/15 #900ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco (Hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Fentanyl. There was no mention of Tylenol or NSAID failure for short-acting breakthrough pain or weaning attempt. The continued and chronic use of Norco is not medically necessary.