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| Case Number: | CM15-0128334 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 06/13/2008 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on May 13, 2008. The injured worker was diagnosed as having chronic pain syndrome, low back pain and lumbar degenerative disc disease (DDD), stenosis and radiculitis. Treatment to date has included oral and transdermal medication. A progress note dated May 19, 2015 provides the injured worker complains of back and leg pain increased from previous visit due to not having Percocet, Lyrica and fentanyl patch. He rates his pain 7/10 without medication and 4/10 with pain medication. She reports withdrawal and decreased ability to walk for exercise due to denial of medication coverage. Physical exam notes lumbar tenderness with decreased range of motion (ROM) and positive straight leg raise. Lower extremity strength is 5/5 with slightly antalgic gait. The plan includes oral and transdermal medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75mcg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl Page(s): 76-78, 80, 86, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with back and leg pain. The current request is for Fentanyl Patch 75mcg. Treatment to date has included oral and transdermal medication. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient has been prescribed Fentanyl patches since at least 04/29/14. According to progress report 05/19/15, the patient complains of increase back and leg pain. He has not been able to take his fentanyl and Percocet for the past month and it was a very difficult month going through withdrawal and functioning with severe pain. With the use of medications he is able to perform ADL's, go grocery shopping with improved sleep. Without medications he is not sleeping and now requires assistance from his girlfriend with dressing and basic chores. He is also unable to continue the home exercises that he once performed with the use of meds. UDS from 03/16/15 was consistent with medication history, CURES report demonstrated he is compliant, and opioid agreement is on file. There are no reported side effects. In this case, it appears the patient's basic functional levels are significantly impacted without the use of medications. The treating physician has documented and addressed all the 4A's as required by MTUS for opiate management. Continued use has been substantiated and the requested medication is medically necessary.