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| Case Number: | CM15-0177084 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 05/25/1989 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 5-25-1989. Medical records indicate the worker is undergoing treatment for lumbago, lumbar sprain/strain, lumbar disc pathology, lumbar radiculopathy and post lumbar laminectomy. A recent progress report dated 7-6-2015, reported the injured worker complained of low back pain and bilateral leg pain with spasm and stiffness. Physical examination revealed lumbar tenderness, spasm and motions is guarded due to pain. Lumbar range of motion was flexion 30 degrees, extension 15 and right and left 15 degrees. Treatment to date has included physical therapy, Norco and Fentanyl since at least 3-16-2015. Documentation on 3-16-2015 states the injured worker is weaning from Fentanyl patches. On 7-6-2015 the Request for Authorization requested Norco 10-325mg #90. On 8-17-2015, the Utilization Review noncertified the request for Norco 10-325mg #90 and Fentanyl 25mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1989 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. In February 2015 medications included Fentanyl at a total MED (morphine equivalent dose) of 180 mg per day. In April 2015 his medications had been denied and he went through severe withdrawal and had seen his primary care provider for a fentanyl patch. Fentanyl and Norco were prescribed with a goal of completely weaning his pain medications. On 07/06/15 he was taking Norco up to 3-4 times per day for pain control. He had been unable to tolerate a 50 g fentanyl patch. Physical examination findings included decreased spinal range of motion with pain and guarding. There was paraspinal muscle tenderness and there were muscle spasms. Authorization is being requested for fentanyl and Norco. The total MED is 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing of Norco at this dose was not medically necessary.

Fentanyl purchase 25mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1989 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. In February 2015 medications included Fentanyl at a total MED (morphine equivalent dose) of 180 mg per day. In April 2015 his medications had been denied and he went through severe withdrawal and had seen his primary care provider for a fentanyl patch. Fentanyl and Norco were prescribed with a goal of completely weaning his pain medications. On 07/06/15 he was taking Norco up to 3-4 times per day for pain control. He had been unable to tolerate a 50 g fentanyl patch. Physical examination findings included decreased spinal range of motion with pain and guarding. There was paraspinal muscle tenderness and there were muscle spasms. Authorization is being requested for fentanyl and Norco. The total MED is 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no

identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing of Fentanyl at this dose was not medically necessary.