

Case Number:	CM15-0179126		
Date Assigned:	09/21/2015	Date of Injury:	10/28/2009
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 67year old female who sustained an industrial injury on 10-28-2009. She reported injury to her low back. Treatment to date has included medications, physical therapy, trigger point injections. According to a progress report dated 08-05-2015, the injured worker was seen for worsening chronic low back and bilateral lower extremity pain. She had a recent CT (computed tomography) scan of the lumbar spine which was positive for disc bulging at L4-5, L5-S1 with bilateral neuroforaminal stenosis compatible with her worsening pain pattern. She remained "suboptimally managed" with Fentanyl patch 100 mcg every 72 hours and Oxycodone IR 10 mg every 4 hours at a maximum of 6 per day. She reported pain relief and functional improvement. Examination of the lumbar spine demonstrated tenderness at the L3, L4, L5 facet joints. Lumbar range of motion remained limited by painful symptoms, bilateral lower extremity discomfort in an L4, L5, S1 pattern. There was bilateral lower extremity discomfort and bilateral lower extremity numbness in a stocking glove pattern from the mid-thigh down. Assessment included low back pain, lumbar disc degeneration, lumbar facet arthropathy, lumbar disc displacement, lumbar radiculopathy, peripheral neuropathy and chronic pain. The treatment plan included a transforaminal epidural steroid injection targeting the bilateral L4-5, L5-S1 levels, Fentanyl, Oxycodone, Gabapentin and Tizanidine. She was to follow up in one month. A urine drug screen report dated 01-30-2015 was positive for THC and noted as inconsistent. Results were also positive for Fentanyl, opiates, Oxycodone and Oxymorphone and was noted as consistent. Records dating back to 2013 showed use of Fentanyl patch and Oxycodone. An authorization request dated 08-14-2015 was submitted for review. The requested services

included a bilateral transforaminal lumbar epidural steroid injection L5-S1, Fentanyl 100 mcg one patch every 48 hours #15 and Oxycodone IR 10 mg one by mouth every 4 hours #180. On 08-21-2015, Utilization Review non-certified a request for Fentanyl 100 mcg #15, Oxycodone IR 10 mg #180 and certified the request for outpatient bilateral lumbar Transforaminal Epidural Steroid Injection (TFESI) at the L4-L5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for FENTANYL 100MCG #15. The RFA is dated 08/14/15. Treatment to date has included medications, physical therapy, and trigger point injections. The patient's work status was not addressed. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 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." Per report 08/05/15, the patient presents with chronic low back pain and bilateral lower extremity pain. She had a recent CT scan of the lumbar spine which was positive for disc bulging at L4-5, L5-S1 with bilateral neuroforaminal stenosis. Examination of the lumbar spine demonstrated tenderness at the L3, L4, L5 facet joints. Lumbar range of motion remained limited secondary to pain. There was bilateral lower extremity numbness in the mid-thigh down. Diagnoses include low back pain, lumbar disc degeneration, lumbar facet arthropathy, lumbar disc displacement, lumbar radiculopathy, peripheral neuropathy and chronic pain. The treater has recommended a refill of medications. The patient has been prescribed Fentanyl patches and Oxycodone since 2013. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, the treater does not discuss how Fentanyl patches specifically improves activities of daily living.

Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

Oxycodone IR 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for OXYCODONE IR 10MG #180. The RFA is dated 08/14/15. Treatment to date has included medications, physical therapy, and trigger point injections. The patient's work status was not addressed. MTUS, Criteria For Use of Opioids Section, 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, Criteria For Use of Opioids Section, 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, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 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." Per report 08/05/15, the patient presents with chronic low back pain and bilateral lower extremity pain. She had a recent CT scan of the lumbar spine which was positive for disc bulging at L4-5, L5-S1 with bilateral neuroforaminal stenosis. Examination of the lumbar spine demonstrated tenderness at the L3, L4, L5 facet joints. Lumbar range of motion remained limited secondary to pain. There was bilateral lower extremity numbness in the mid-thigh down. Diagnoses include low back pain, lumbar disc degeneration, lumbar facet arthropathy, lumbar disc displacement, lumbar radiculopathy, peripheral neuropathy and chronic pain. The treater has recommended a refill of medications. The patient has been prescribed Fentanyl patches and Oxycodone since 2013. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, the treater does not discuss how Oxycodone specifically improves activities of daily living. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.