

Case Number:	CM15-0179796		
Date Assigned:	09/21/2015	Date of Injury:	03/13/2010
Decision Date:	10/26/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female who sustained an industrial injury on 03-10-2010. Current diagnoses include left sacroiliac joint dysfunction, right leg radiculopathy, right shoulder impingement syndrome, C3-C4 spondylolisthesis, grade 1 with facet arthropathy, bilateral C7 radiculopathy, C5-6 and C6-7 disc degeneration and stenosis, status post C3-4 ACDF, C5-6 TDA and C6-7 anterior cervical discectomy and fusion, cervical facet arthropathy, status post left sacroiliac joint fusion, and intractable pain syndrome. Report dated 09-01-2015 noted that the injured worker presented with complaints that included pain in the base of her neck, head, upper back, right shoulder, and across the low back. Other complaints included numbness and tingling in both arms and elbows to the fingers and in both legs to the toes, and burning pain in the left thigh. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Current medications include Epipen, Fentanyl 100mcg/hr patch, lorazepam, minocycline, omeprazole, oxycodone Hcl, and Wellbutrin "(other MD)." Physical examination performed on 09-01-2015 revealed significant tenderness over the sacroiliac joint with positive Fortin's test, significant increased pain with pelvic compression and distraction, positive Gaenslen's test, increased pain over the left sacroiliac joint with single limb stance, all consistent with sacroiliac joint dysfunction. Previous diagnostic studies included x-rays, CT scans, and MRI's. Previous treatments included medications, surgical interventions, medial branch blocks, epidural injections, cervical and lumbar blocks, sacroiliac joint injections, radiofrequency ablations, and neurolysis. The treatment plan included scheduling the injured worker for the approved sacroiliac joint injection, reduce Fentanyl from 100mcg to a total of 87mcg using a combination of 75mcg and 12mcg patches, discontinue oxycodone and have her try Methadone for

breakthrough pain. The injured worker was given work restrictions, but has not currently worked since 04-15-2013. The utilization review dated 09-10-2015, non-certified the request for Fentanyl 12mcg/hr patch #15, Fentanyl 75mcg/hr patch #15, and Methadone HCL 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg/hr patch #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): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Fentanyl 12mcg/hr patch #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without significant improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant increase in function and persistent high pain levels. The request for Fentanyl is not medically necessary.

Fentanyl 75mcg/hr patch #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): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Fentanyl 75mcg/hr patch #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without significant improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant increase in function and persistent high pain levels. The request for Fentanyl is not medically necessary.

Methadone HCL 10mgm #120: 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): Opioids, long-term assessment, Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Methadone HCL 10mgm #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without significant improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant increase in function and persistent high pain levels. The request for Methadone is not medically necessary.