

Case Number:	CM15-0179908		
Date Assigned:	09/21/2015	Date of Injury:	10/28/2002
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on October 28, 2002. The injured worker was evaluated on August 24, 2015. He reported improved right shoulder pain, improved right arm weakness, and back pain with radicular pain in the right leg. He is status post failed back syndrome. He reported that Fentanyl and Norco decrease his pain by 50%. He reported that his pain is worse and rates his pain 10 on a 10-point scale at worst, 2 on a 10-point scale at least and his usual pain score is 4-8 on a 10-point scale. His pain rating on June 17, 2015 was documented as 5 on a 10-point scale at worst, 0 on a 10-point scale at least and his usual pain score was 2-7 on a 10-point scale. A previous right shoulder injection decreased his pain by 80% and improved his range of motion. A caudal steroid injection decreased his pain by 50% and previous epidural steroid injection relieved his low back pain by 65%. His medication regimen included Duragesic 25 mcg-hr patch, hydrocodone-acetaminophen 10-325 mg, Crestor 20 mg, and lisinopril 20 mg. On physical examination the injured worker had facet tenderness of the lumbar spine, middle lower back pain, mild tenderness over the right shoulder joint and the greater trochanter area. He has used Norco and Duragesic patches since at least September 30, 2014. The injured worker was diagnosed as having chronic pain syndrome. A request for authorization for prospective use of Norco 10-325 mg #90 (Refill x 1) and prospective use of Fentanyl Patch 12 mcg - hr #15 (Refill x 1) was received on August 25, 2015. On August 27, 2015, the Utilization Review physician determined the prospective use of Norco 10-325 mg #90 (Refill x 1) and the prospective use of Fentanyl Patch 12 mcg - hr #15 (Refill x 1) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted that the use of medications reduced the injured worker's pain by 50%. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records submitted for review CURES was appropriate, and UDS dated 6/17/15 was consistent for opiate use. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 2-month supply is not medically necessary as it does not allow for timely reassessment of efficacy.

Fentanyl patch 12mcg/hr #15 with 1 refill: 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.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]).

The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of fentanyl nor sufficient documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted that the use of medications reduced the injured worker's pain by 50%. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records submitted for review CURES was appropriate, and UDS dated 6/17/15 was consistent for opiate use. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 2-month supply is not medically necessary as it does not allow for timely reassessment of efficacy.