

Case Number:	CM15-0025570		
Date Assigned:	02/18/2015	Date of Injury:	11/25/1993
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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 55-year-old female, who sustained an industrial injury on November 25, 1993. She reported a slip and fall during which she injured her low back. The diagnoses have included lumbar radiculopathy, lumbar herniated nucleus pulposus, lumbar spondylosis, status post lumbar fusion, multiple spine surgeries, and low back pain syndrome. Treatment to date has included discectomy, lumbar fusion, medication and physical therapy. Currently, the injured worker complains of low back pain and leg pain. She reports that her pain control is good with her medications and reports that the medication reduces her pain by 50%. Her functioning is improved with medication and she is able to do housekeeping, cooking, walking and gardening. She describes her pain as 3-6 on a 10-point scale previously and notes that she is sleeping 6 hours per night with 2-4 hour awakenings. On January 14, 2015 Utilization Review non-certified a request for a fentanyl patch 100 mcg/heart rate #15 for a 30-day supply, noting that the guidelines do not recommend its use due to significant side effects and do not recommend it for routine musculoskeletal pain. In addition there was no documentation that the injured worker required round-the-clock pain relief and there was documented functional improvement and decreased pain with medication. The Official Disability Guidelines was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of fentanyl patch 100 mcg/heart rate #15 for a 30-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fentanyl 100 mcg/h #15, 30 day supply with a dos of 1/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal CRITERIA FOR USE OF OPIOIDS Page(s): 93, 76-78, 88-89.

Decision rationale: The patient presents with low back and leg pain, rated 3-6/10. The request is for RETROSPECTIVE FENTANYL 100 MCG/H # 15 30 DAY SUPPLY WITH A DOS OF 1.9.15. Patient is status post lumbar discectomy 1994 and lumbar fusion 1996. Physical examination on 01/09/15 to the lumbar spine revealed tenderness to palpation to the lumbar paraspinal muscles and over the sacroiliac joint bilaterally. Per 12/08/14 progress report, patient's diagnosis include lumbar radiculopathy, lumbar herniated nucleus pulposus, lumbar spondylosis, status post lumbar fusion and multiple spine surgeries, low back pain syndrome, prolonged depression, in remission and possible secondary fibromyalgia. Per 01/09/15 progress report, patient's medications include Fentanyl Patch, Oxycodone IR, and Diazepam. Patient is disabled. The MTUS, Fentanyl transdermal, Page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS)." 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. Patient has been prescribed Fentanyl Patches from 06/16/14 and 02/09/15. In progress report dated 12/08/14, treater states that pain control with medication is good and pain medication reduces her pain by about 50% by her report. Per 01/09/15 progress report, patient's functioning is improved with analgesic medications; without them, she reports being bed-bound and with them, she can do housekeeping, cook for her family, walk and garden. In this case, treater has addressed the 4As but only general statements are used to show functional changes. Furthermore, there are no recent Urine Drug Screening (UDS) reports although the UR letter references UDS's dating back couple of years. No opioid pain agreement or CURES reports are provided addressing aberrant behavior. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.