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| Case Number: | CM15-0070902 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 07/17/2002 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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 59 year old male, who sustained an industrial injury on 7/17/02. He reported initial complaints of back pain. The injured worker was diagnosed as having multifactorial low back pain; status post lumbar compression fracture and internal disc disruption; lumbar spondylosis without myelopathy; sacroiliac joint arthropathy with pain; opioid -induced hypogonadism with low testosterone. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 3/5/15 the injured worker was being re-evaluated for chronic pain. The purpose of the visit is follow-up of the industrial low back pain and transfer care from the provider. The injured worker reports no interval change in pain syndrome and no interval change in medical condition. He reports falling while working outdoors destroying one Fentanyl patch and sweating while working outside which accounts for losing two patches. Testosterone level was tested 2/12/15 and on testosterone therapy for 5 years prior to the recent withdrawal of the therapy and due to opioid-induced low levels, requested to resume. (His level is reported at 158 2/12/15.) The injured worker reports substantial preserved function through the use of his opioid medications with no side effects at this time. Current prescribed medications: Effexor, Fentanyl patches, Lisinopril, lovastatin, Naprosyn, testosterone gel packs and Triam. The provider has requested Fentanyl 75mcg #15 which was modified to #10 by Utilization Review for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 75MCG #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl and Opioid dosing and Opioids for chronic pain and Ongoing management Page(s): 47 and 86 and 80-81 and 78-80.

Decision rationale: Fentanyl is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MUTS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily. The documentation indicates that the patient has been on long term opioids for chronic low back pain which is not supported by the MTUS. The MTUS additionally recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation indicates that the patient has an elevated opioid risk history as well as low testosterone from chronic opioid use. For all of these reasons the request to continue Fentanyl is not supported and not medically necessary.