MAXIMUS Federal Services

Case Number:	CM15-0070981		
Date Assigned:	04/20/2015	Date of Injury:	01/06/1997
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
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: 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 64-year-old female, who sustained an industrial injury on 1/06/1997. Diagnoses include sciatica, lumbago, lumbar post laminectomy syndrome, and lumbar disc displacement without myelopathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electro-diagnostic testing, medications, acupuncture and home exercise. Per the Primary Treating Physician's Progress Reports dated 3/23/2015 and 3/24/2015 the injured worker has completed 11 of 12 approved acupuncture treatments and came in for refill of medications. Documentation notes that she has been compliant with her medications. She reported ongoing lower back pain worse on the right than the left. Physical examination revealed tenderness to palpation of the right trapezius but minimal tenderness over the neck. There was some tenderness to palpation over the superior medial border of the scapula and sternoclavicular junction with crepitus noted upon movements of the right arm. The plan of care included medications and authorization was requested for Naproxen Sodium 550mg #90, Hydrocodone/APAP 5/325mg #30, Docusate Sodium 100mg #30, Fentanyl patches 12mcg/hr #10 and Fentanyl patches 25mcg/hr #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg, qty. 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with low back pain. The request is for Naproxen Sodium 550MG QTY 90. The request for authorization is dated 03/23/15. The patient is status-post L5-S1 discectomy, 2001. MRI of the lumbar spine, 01/31/11, shows lumbar spondylosis with persistent 1-2mm combined disc bulges and osteophytic ridge formations at L1-L2, L4-L5 and L5-S1, mild proximal bilateral L5 foraminal stenosis. EMG of the lower extremity, 04/13/07, shows electro-diagnostic finds suggestive but not diagnostic of left S1 radiculopathy. She states that she has not been able to get her Fentanyl or hydrocodone the past month. She states that she has been experiencing withdrawal symptoms including nausea and sweating. She states that fortunately she has acupuncture and this has helped to keep her pain from flaring up too severely. Patient's medications include Naproxen Sodium, Hydrocodone/bit/apap, Docusate Sodium, Cyclobenzaprine, Fentanyl, Albuterol, Claritin, Premarin, Melatonin and Ibuprofen. Per progress report dated 03/13/15, the patient is permanent and stationary. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this medication. The patient has been taking Naproxen since at least 08/14/14; however, review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Fentanyl 12mcg/hr patch qty 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Fentanyl transdermal (Duragesic) Page(s): 76-78, 88-89, 44.

Decision rationale: The patient presents with low back pain. The request is for Fentanyl 12mcg/hr patch QTY 10. The request for authorization is dated 03/23/15. The patient is status-post L5-S1 discectomy, 2001. MRI of the lumbar spine, 01/31/11, shows lumbar spondylosis with persistent 1-2mm combined disc bulges and osteophytic ridge formations at L1-L2, L4-L5 and L5-S1, mild proximal bilateral L5 foraminal stenosis. EMG of the lower extremity, 04/13/07, shows electro-diagnostic finds suggestive but not diagnostic of left S1 radiculopathy. She states that she has not been able to get her Fentanyl or hydrocodone the past month. She states that she has been experiencing withdrawal symptoms including nausea and sweating. She states that fortunately, she has acupuncture and this has helped to keep her pain from flaring up

too severely. Patient's medications include Naproxen Sodium, Hydrocodone/bit/apap, Docusate Sodium, Cyclobenzaprine, Fentanyl, Albuterol, Claritin, Premarin, Melatonin and Ibuprofen. Per progress report dated 03/13/15, the patient is permanent and stationary. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. Per progress report dated 03/13/15, treater's reason for the request is "so that she can continue with her gradual weaning of her opioids which allows her pain to remain stable and minimizes significant flare up." The patient has been prescribed Fentanyl patch since at least 08/18/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Fentanyl patch significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Fentanyl patch. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Fentanyl 25mcg/hr patch qty. 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of OpioidsFentanyl transdermal (Duragesic) Page(s): 76-78, 88-89, 44.

Decision rationale: The patient presents with low back pain. The request is for Fentanyl 25mcg/hr patch qty 10. The request for authorization is dated 03/23/15. The patient is status-post L5-S1 discectomy, 2001. MRI of the lumbar spine, 01/31/11, shows lumbar spondylosis with persistent 1-2mm combined disc bulges and osteophytic ridge formations at L1-L2, L4-L5 and L5-S1, mild proximal bilateral L5 foraminal stenosis. EMG of the lower extremity, 04/13/07, shows electro-diagnostic finds suggestive but not diagnostic of left S1 radiculopathy. She states that she has not been able to get her Fentanyl or hydrocodone the past month. She states that she has been experiencing withdrawal symptoms including nausea and sweating. She states that fortunately she has acupuncture and this has helped to keep her pain from flaring up too severely. Patient's medications include Naproxen Sodium, Hydrocodone/bit/apap, Docusate Sodium, Cyclobenzaprine, Fentanyl, Albuterol, Claritin, Premarin, Melatonin and Ibuprofen. Per progress report dated 03/13/15, the patient is permanent and stationary. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. Per progress report dated 03/13/15, treater's reason for the request is "so that she can continue with her gradual weaning of her opioids which allows her pain to remain stable and minimizes significant flare up." The patient has been prescribed Fentanyl patch since at least 08/18/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Fentanyl patch significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Fentanyl patch. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.