

Case Number:	CM15-0093903		
Date Assigned:	05/20/2015	Date of Injury:	10/05/2011
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 44-year-old female injured worker suffered an industrial injury on 10/05/2011. The diagnoses included chronic bilateral shoulder tendinosis, lumbago and sacroiliac dysfunction. The diagnostics included bilateral shoulder x-rays, cervical and lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with spinal surgery, epidural steroid injections, medication and lumbar fusion. On 3/26/2015, the treating provider reported low back pain and both shoulders. The back pain goes down towards the buttocks and legs. The treatment plan included Fentanyl 25mcg/patch, Fentanyl 50mcg/patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Opana in the past and currently on Norco other long and short acting opioids. The claimant had been on NSAIDs, steroids and muscle relaxants in combination for a prolonged period of time. There was no indication for combining multiple opioids and no one opioid is superior to another. The claimant had a pain of 4/10 prior to starting Fentanyl. There was no mention of titration of other medications or escalation of Fentanyl and it was resumed to the level of prior use. Continued use of Fentanyl is not medically necessary.

Fentanyl 50mcg/patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Opana in the past and currently on Norco other long and short acting opioids. The claimant had been on NSAIDs, steroids and muscle relaxants in combination for a prolonged period of time. There was no indication for combining multiple opioids and no one opioid is superior to another. The claimant had a pain of 4/10 prior to starting Fentanyl. There was no mention of titration of other medications or escalation of Fentanyl and it was resumed to the level of prior use. Continued use of Fentanyl is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Opana previously and currently prescribed with Fentanyl. Although the pain scores were 4/10, there was no mention of a weaning attempt, failure of Tylenol or Tricyclic. Long-term use of opioids is not medically necessary and continued use of Norco is not medically necessary.