

Case Number:	CM15-0099301		
Date Assigned:	06/01/2015	Date of Injury:	11/14/1997
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 58-year-old male, who sustained an industrial injury on 11/14/97. He has reported initial complaints of a neck and back injury. The diagnoses have included cervical radiculopathy, muscle spasm, lumbar radiculopathy, fibromyalgia/myositis, depression and sleeping difficulties. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, conservative care, psychiatric, and home exercise program (HEP). Currently, as per the physician pain management progress note dated 4/15/15, the injured worker complains of low back pain. It is noted that pain medication decrease the pain by about over 50 percent and increases activities of daily living (ADL). He also received trigger point injections last month that significantly decreased the pain by 50 percent and he is still getting good pain relief 1 month later. He describes the back pain as an aching pain. The physical exam reveals that his height is 66 inches, weight is 182 pounds, blood pressure is 108/74, pulse is 58 and BMI is 29. The exam is otherwise unremarkable. The pain management progress note dated 3/20/15 notes that the physical exam of the lumbar spine reveals positive straight leg raise bilaterally at 60 degrees, palpation of the lumbar facet elicits pain bilaterally, there is pain over the lumbar discs bilaterally and there is decreased range of motion in the lumbar spine with anterior flexion and extension due to pain. The impression is that he has chronic neck and low back pain and is stable on the current medications. The current medications included Fentanyl patch and Norco. There was no urine drug screen reports noted. Work status is permanent and stationery. The physician requested treatments included 1 prescription of Fentanyl 75mcg #15 and 1 prescription of Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl 75mcg #15: Overturned

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 Page(s): 76-78, 88-89.

Decision rationale: This patient is status post cervical fusion from 1999 and presents with chronic neck and low back pain. The current request is for 1 prescription of Fentanyl 75mcg #15. The Request for Authorization is dated 04/16/15. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, conservative care, psychiatric, and home exercise program (HEP). The patient is permanent and stationary. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing Fentanyl since at least 10/29/14. The medical file includes an undated Pain and/or Symptom Relief and Functional Improvement form. This form stated that with the use of Fentanyl the patient's pain decreased from a 7/10 to 3/10. The patient stated that "prior to using the pain patch, I am unable to sit, walk or stand for any length of time. I am unable to sleep." With this medication, he is able to sit at the desk, grocery shop and he has improved sleep. Progress report dated 05/13/15 states that the patient receives at least 50% pain relief with current medications. The patient is monitored routinely for aberrant behaviors with UDS and CURES reports. The patient reported medication induced constipation. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.

1 prescription of Norco 10/325mg #180: Overturned

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 Page(s): 76-78, 88-89.

Decision rationale: This patient is status post cervical fusion from 1999 and presents with chronic neck and low back pain. The current request is for 1 prescription of Norco 10/325mg #180. The Request for Authorization is dated 04/16/15. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, conservative care,

psychiatric, and home exercise program (HEP). The patient is permanent and stationary. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The medical file includes an undated Pain and/or Symptom Relief and Functional Improvement form. This form stated that with the use of Norco the patient's pain decreased from a 7-8/10 to 3/10. Without Norco, he is unable to sit or stand for more than 15 minutes, cook, vacuum, or walk. With the use of Norco, he is able to sit through a movie, go grocery shopping and do light house chores. Progress report dated 05/13/15 states that the patient receives at least 50% pain relief with current medications. The patient is monitored routinely for aberrant behaviors with UDS and CURES reports. The patient reported medication induced constipation. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.