

Case Number:	CM14-0146253		
Date Assigned:	09/12/2014	Date of Injury:	08/08/2001
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who reported an injury on 08/08/2001 due to unspecified mechanism of injury. The injured worker complained of neck pain, right shoulder pain, lower back pain, left knee pain and tooth and jaw pain. The injured worker reported 5/10 pain using the visual analogue scale. The injured worker had diagnoses of severe dental pain, left knee bone to bone arthritis, narcotic dependence, chronic lower back pain, left leg radiculopathy, right shoulder cuff tear. The prior surgeries included status post removal of hardware, status post L4-5 total disc arthroplasty, and a L5-S1 anterior/posterior fusion dated 11/2012, status post L4-5 laminectomy and medial facetectomy, dated 05/08/2008. The medications included Fentora, Fentanyl, Oxycodone, Fioricet, Soma, Xanax, OxyContin, and Zanaflex. On the physical examination, lumbar spine and lower extremities revealed the injured worker had antalgic, mildly forward flexed gait, no gross deformities, tenderness to palpation of the paravertebral muscles bilaterally, no evidence of tenderness over the sacroiliac joints bilaterally. Sensory included a light touch intact to the bilateral lower extremities. Pinprick was intact and to the bilateral lower extremities, range of motion was flexion 48+, extension 6+. The treatment plan included refill of the Fentanyl, Fentora, OxyContin and Zanaflex. The Request for Authorization dated 09/02/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100MCG/HR PATCH, #15: Upheld

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

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

Decision rationale: The request for Fentanyl 100mcg/hr patch, #15 is not medically necessary. The California MTUS do not recommend as a first line therapy. Duragesic is the brand name of Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED]. The FDA-approved product labeling states that Duragesic is initiated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The documentation failed to address that if all other oral opioids have failed. The request did not address a frequency. As such, the request is not medically necessary.

FENTORA 800MG, #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (fentanyl buccal tablet) Page(s): 47.

Decision rationale: The request for Fentora 800mg, #112 is not medically necessary. The California MTUS indicate that Fentora is a form of Fentanyl that is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. Fentora is a Fentanyl buccal tablet that goes under the tongue. They are not recommended for musculoskeletal pain. Fentora is an opioid pain killer currently approved for the treatment of breakthrough pain for certain cancer patients. The clinical notes lacked documentation to warrant the use of Fentora. The injured worker was not diagnosed with cancer. The request did not indicate a route or frequency. As such, the request is not medically necessary.

OXYCONTIN 30MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management, Page(s): 78.

Decision rationale: The request for Oxycontin 30mg #180 is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing pain. There should be documentation of objective functional improvement, and objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative

dosing of all opioids should not exceed 100 mg oral morphine equivalent per day. The injured worker is taking Fentanyl, Oxycodone and Fentora, which the Fentanyl and Oxycodone if only 1 Oxycodone was taken per day, exceeds the morphine equivalent dose of 120 with a dose of 355 mg daily. The request did not address the frequency. As such, the request is not medically necessary.

ZANAFLEX 4MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for Zanaflex 4mg, #60 is not medically necessary. It is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and unlabeled for the use low back pain. The guidelines indicate there is no use for a back they should not be used for lower back pain. The request did not address a frequency. As such, the request is not medically necessary.