

Case Number:	CM14-0116788		
Date Assigned:	09/19/2014	Date of Injury:	03/03/2001
Decision Date:	10/13/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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: North Carolina

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 injured worker is a 56 year old female who sustained an industrial injury on 03-03-2001. Computed tomography imaging of the lumbar spine performed on 06-11-2014 showed solid L5-S1 interbody fusion and moderate spinal canal and left neural foraminal stenosis at L4-5. According to a progress report dated 07-10-2014, the injured worker was seen for lower backaches. "Quality of sleep is fair." "Her activity level has increased." She used 2 extra "12mch TDF patches" as she had increased pain due to a trip to Tahoe. She was requesting to allow for early refill of 12 mcg patches. Current medications included Phenergan, Duragesic 12 mcg per hour patches, Senna S, Duragesic 25 mcg per hour patches, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. The provider noted that x-rays of the lumbar spine on 04-22-2014 showed L5-S1 fusion, minimal multilevel spondylolisthesis with slight instability between L1 and L4 and decreased range of motion. Diagnoses included lumbar facet syndrome, piriformis syndrome left, mood disorder other, post-lumbar laminectomy syndrome, lumbar radiculopathy, and radiculopathy. The injured worker was counseled that she could not overtake meds that it could result in adverse reaction and death. "Patient understands if this happens again, we will taper the discontinue meds". A prescription was given for Duragesic 12 mcg per hour patch one patch every 3 days quantity 5. The injured worker was not currently working. She was permanent and stationary. She was to follow up in 2 weeks. Records submitted for review dated back to 03-10-2014 and show use of Duragesic patch since that time. On 07-23-2014, Utilization Review non-certified the request for Duragesic 12 mcg per hour patch #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12 mcg/hr patch, #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG- Fentanyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are

no objective measurements of improvement in function. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.