

Case Number:	CM14-0162770		
Date Assigned:	10/07/2014	Date of Injury:	05/19/2014
Decision Date:	10/02/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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: 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 (IW) is a 56 year old male who sustained an industrial injury on 05/19/2014. He was struck by a motor vehicle and thrown 15 feet possibly losing consciousness. At the time of the accident he was wearing a hard hat which was dented in the impact. The injured worker was diagnosed as having: Head contusion. Neck sprain. Concussion Treatment to date has included radiologic imaging, medications, and work restrictions. Currently, the injured worker complains of migraines, sensitivity to light, concentration and memory problems, irritability, insomnia and dizziness. A neurologist visit is scheduled for 10/07/2014. His problems are increased in his mid to low back which has had chronic problems in the past. He complains of pain in the neck, mid and low back following his accident. He is using Fentanyl patches for his mid-low back pain. Medications include Valium, Flexeril, Xanax, Duragesic (fentanyl patch), and Prinzide, Zestoretic. On examination there is tenderness to palpation in the paraspinous muscles bilaterally and trapezius with limited range of motion except in flexion. The thoracolumbar spine has tenderness to palpation in the paraspinous muscles over the mid and low back. Flexion and extension are limited due to increased pain. Sacroiliac joints are non-tender. The plan of care includes continuation of pain medications, diagnostic radiology, and appropriate referrals. A request for authorization was submitted for Fentanyl 100mcg/hr Patch #15.

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 Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal, Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76- 78, 88, 89, 93.

Decision rationale: The patient was injured on 05/19/14 and presents with pain in his neck, mid back, and low back. The request is for FENTANYL 100 MCG/HR PATCH #15. The RFA is dated 08/27/14 and the patient is not currently working. The patient has been using these patches as early as 06/13/14 and treatment reports are provided from 06/06/14 to 08/25/14. MTUS page 93 regarding fentanyl transdermal states, indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs). MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury. " The 08/25/14 report states that fentanyl patches are helpful and well tolerated. We did pull a CURES report today, which is consistent with what the patient was telling us to his previous medications and who was prescribing them. The patient has signed an opiate treatment agreement with our office. He agrees to receive opioids from our office only. There is no aberrant behavior today. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Fentanyl patch IS NOT medically necessary.