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| Case Number: | CM13-0021323 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 09/02/1991 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 61 year-old male with a 9/2/1991 industrial injury claim. He has been diagnosed with cervical disc degeneration; lumbar disc degeneration and lumbago. According to the 8/5/13 PR2 from [REDACTED], the patient presents with low back pain and numbness in both legs. [REDACTED] states the patient's medications were denied and he had to deal with withdrawals. He reports that with the medications, the pain was tolerable, and he was able to do some activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100MCG/HR #45: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Use Page(s): 88-89.

Decision rationale: According to the 8/5/13 PR2 from [REDACTED], the patient presents with low back pain and numbness in both legs. [REDACTED] states the patient's medications were denied and he had to deal with withdrawals. He reports that with the medications, the pain was tolerable, and he was able to do some activities. MTUS states that a satisfactory response to

opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician reports the patient has had withdrawals since medications have been discontinued, and when restarted it brought his pain to tolerable levels and he was able to do activities and did not have side effects. This appears to be a satisfactory response, per MTUS definition. MTUS does not require weaning or discontinuing medications that are producing a satisfactory response. The requested Fentanyl is medically necessary.