

Case Number:	CM13-0027244		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2002
Decision Date:	10/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Emergency Medicine and is licensed to practice in Texas. 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 43 year old female who reported an injury on 12/15/2002. The mechanism of injury was not provided. Her diagnoses were listed as post lumbar laminectomy syndrome, lumbar degenerative disc disease, and chronic back pain. The past treatment included medications, injections and TENS unit. The diagnostic studies were noted as urine toxicology screenings, CT scans of the spine, x-rays, and an MRI of the lumbar spine in 2007. Her surgical history included a spinal fusion of L4-L5 on 06/05/2003. On 08/09/2013, the injured worker complained of back pain radiating from the low back down to the right leg. She reported that the pain level increased since her last visit due to an increase in activity. She admitted to smoking 15 cigarettes per day. Upon physical examination, the injured worker was noted to have restricted range of motion to the lumbar spine with flexion limited to 70 degrees and extension limited to 20 degrees and pain. There was no motor strength weakness documented, but she was noted to be positive for lumbar facet loading on the right side. The medications were noted as flexeril 10 mg, motrin 800 mg, norco 10/325, duragesic 25 mcg/hr patch, and sudafed 30 mg. The treatment plan was to continue the TENS unit daily, continue the regular use of spinal cord stimulator, continue medications, and encourage a regular home exercise program and stretching. The rationale for the request was not provided. The request for authorization form was signed and submitted on 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCH 25MCG 1 PATCH Q 3 DAYS TO ALLOW 1 MONTH SUPPLY OF GENERIC FENTANYL PATCHES FOR WEANING PURPOSES AT THE TREATING PHYSICIAN'S DISCRETION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Fentanyl transdermal (Duragesic) , Page(s): 78; 93..

Decision rationale: The California MTUS guidelines may recommend duragesic for patients with persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The guidelines state that prior to discontinuing opioids, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for if there is no overall improvement in function, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, or if the patient requests discontinuing the medication. It is suggested that a patient be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids or controlled substances. The injured worker reported that the medications were working well. She was noted to have been on the same medication regimen for at least the last six months, and there was no indication of aberrant behaviors. The most recent urine toxicology screening was noted to be on 07/22/2013 with findings consistent with fentanyl and flector but inconsistent with norco. She was made aware that if future urine drug screening is negative for norco then the medication would be reduced. The documentation did not provide sufficient evidence of treatment failure, a pain assessment, a decrease in function, or rationale for discontinuation of the opioid therapy. Furthermore, the submitted request is also for the injured worker's current dose and frequency which does not indicate weaning which does not support the request. Therefore, the request is not medically necessary.