

Case Number:	CM13-0027331		
Date Assigned:	03/19/2014	Date of Injury:	09/22/2011
Decision Date:	05/28/2014	UR Denial Date:	08/28/2013
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 Physical Medicine and Rehabilitation, 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:

Medical reports from 2013 were reviewed, demonstrating persistent and recalcitrant low back pain radiating to bilateral lower extremities, fluctuating between 6/10 and 9/10 on a VAS. The patient complains of persistent low back pain throughout the years, with intermittent right knee pain and headaches. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness, bilateral hamstring tightness. Treatment to date has included medication, lumbar epidural steroid injection, vitamin B12 injections, and activity modification. The patient has been using fentanyl patches since 2013 and Norco for breakthrough pain. The patient feels that her pain is not as well controlled on the fentanyl patch, per the 8/19/13 self-assessment. The patient underwent lumbar decompression and fusion from L2-S1 in February 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 FENTANYL PATCHES, 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic is not recommended as first-line therapy; however, it is indicated in the management of chronic pain for patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, there is no evidence that the patient's pain complaints would be non-responsive to lower levels of care. While it is acknowledged that the patient has a complex and long-standing pain history, there is no documented benefit from previous Fentanyl patch use. Per the 8/19/13 medical report, the patient reported that her pain was not well controlled on Fentanyl patches. Therefore, the request is not medically necessary.