

Case Number:	CM13-0027558		
Date Assigned:	03/14/2014	Date of Injury:	04/01/2011
Decision Date:	11/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Louisiana. 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 patient is a 48 year old female who was injured on 04/01/2011 when she was lifting. Prior treatment history has included Norco 10/325 mg, Voltaren gel, Fentanyl patch 25 mcg, venlafaxine 150 mg, and Gabapentin 100 mg. She has also had physical therapy, TENS brace support, massage therapy, chiropractic therapy, ice, heat, and daily exercise; all of which helped alleviate her pain. Progress report dated 08/13/2013 documented the patient to have complaints of low back pain rated as 8/10 with associated numbness and weakness. She noted her symptoms are worsened with prolonged activity. On exam, lumbar spine range of motion revealed extension to 20 degrees; full flexion - fingertips to floor; right rotation at 55 degrees; left rotation at 65 degrees; all with pain. She has tenderness over the midline over left L3, L4, and L5 facet regions with paravertebral spasms. Straight leg raise is negative bilaterally. She is diagnosed with lumbar spondylosis. She was recommended to continue Fentanyl patch to control her pain. Prior utilization review dated 09/11/2013 states the request for Fentanyl Patches 25mcg Q72h is denied; a duragesic is not recommended as first line treatment and there is no documented evidence that the patient has failed other first line treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCHES 25MCG Q72H: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Fentanyl Patch, a potent opioid, is not recommended as a first-lines therapy and is indicated in the management of chronic pain for continuous opioid analgesia for pain that cannot be managed by other means. In this case, the guidelines have been exceeded, long-term use is not recommended and therefore, this request is not medically necessary.