MAXIMUS Federal Services

Case Number:	CM13-0033029		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2008
Decision Date:	02/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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.

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 56-year-old male who reported injury on 07/11/2008. The mechanism of injury was stated to be the patient was assisting a co-worker lifting a 350 pound transmission when the co-worker let go of his end and the weight of the transmission pulled the patient forward causing him to fall. The patient's injury was noted to be low back pain and right hamstring pain. The most recent documentation was noted to be in 01/2013 post EGD. The patient's diagnosis was not provided. The request was for Fentanyl 75 mcg #50 and tramadol 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 mcg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl ongoing management Page(s): s 93; 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines indicate that Fentanyl is used for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS) and that it should only be used in patients who are currently on opioid therapy for which tolerance has developed. Additionally, for ongoing management, there

should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There was a lack of recent clinical documentation indicating documentation of the 4A's. Additionally, the patient's morphine equivalent dose was noted to be 210 which exceed the guideline recommendations of 120. Given the above, the request for Fentanyl 75 mcg #50 is not medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Ongoing Management, page Page(s): s 82; 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend tramadol as a second line treatment. Additionally, it recommends there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient should not exceed 120 oral morphine equivalents per day and if a patient is on more than 1 medication including opioids, it should be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide the patient had tried a first line treatment. Additionally, it failed to provide documentation of the "4 A's" and it indicated that the patient's oral morphine equivalents per day would be 210 cumulative. Given the above and the lack of documentation, the request for tramadol 50 mg #90 is not medically necessary.