

Case Number:	CM13-0046221		
Date Assigned:	12/27/2013	Date of Injury:	11/20/1981
Decision Date:	06/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of November 20, 1981. Treatment to date has included multiple epidural steroid injections, TENS unit, and medication, including Soma, Celebrex, Cymbalta, Percocet, and Fentanyl patches. Utilization review from October 23, 2013 denied the request for Fentanyl patch 50 mcg/hr because there are insufficient references showing the safety and efficacy of the requested prescription. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain graded 8/10 and decreased to 4/10 by fentanyl patches. The pain did not radiate to both lower extremities. She had frequent spasms and cramps in both legs and in the lower back. She also complained of numbness and tingling in both lower extremities. The patient was ambulatory with a Rollator and was able to do minimum chores. On physical examination, the patient was overweight and had tenderness in the low back upon palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 50MCG/HR: Upheld

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.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Fentanyl transdermal system is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. In this case, although it was reported that fentanyl patch resulted in pain reduction, there was no report of objective evidence of functional improvement. In addition, there was no discussion regarding pain management by other means and the indication for the requested medication was not clearly stated. The reports also did not establish whether the patient required continuous opioid analgesia for pain. Therefore, the request for Fentanyl Patch 50mcg/hr is not medically necessary and appropriate.