

Case Number:	CM13-0053451		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2009
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, 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 66-year-old female who reported an injury on 09/25/2009. The mechanism of injury was lifting with subsequent re-injury in a motor vehicle accident, 1 year later. The resulting injury was a compression fracture at L1 and was treated with a kyphoplasty, on an unknown date. The injured worker has been treated in the past with physical therapy, to include aquatic therapy, medications, activity modification, and surgical interventions. The injured worker continues to utilize medications as her primary treatment for pain control. No further information was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL DIS 50MCG/HR #10: 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 Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend opioids to treat moderate to severe chronic pain. In determining the efficacy of

opioid therapy, it is recommended that physicians perform functional measurements at 6 month intervals using a numerical scale or validated instrument, perform thorough pain assessments at each clinical visit, and perform random urine drug screens. The clinical information submitted for review did not contain any functional measurements, a current urine drug screen, or a thorough pain assessment. There was no discussion regarding the injured worker's response to the fentanyl therapy, as each PR-2 stated that there was no change in pain or activity level. Without more detailed information describing an increase in activity or decrease in pain levels in relation to fentanyl use, continuation of this medication is not warranted. However, guidelines do not recommend abrupt discontinuation of opioids and, therefore, it is expected that the physician will allow for safe weaning. As such, the request for Fentanyl Dis 50 mcg/Hr # is non-certified.