

Case Number:	CM13-0056309		
Date Assigned:	03/14/2014	Date of Injury:	06/13/1994
Decision Date:	05/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Illinois. 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 56-year-old female who reported an injury on 06/13/1994. The mechanism of injury was not stated. The injured worker is diagnosed with postlaminectomy syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. The injured worker was evaluated on 11/20/2013. The injured worker reported an increase in lower back pain. The injured worker reported improvement with the current pain medication regimen. Physical examination on that date revealed an antalgic gait. Treatment recommendations included a prescription for fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 50 MCG/HR TRANSDERM PATCH 1 TRANSDERMAL PATCH EVERY 48 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state fentanyl transdermal system is not recommended as a first-line therapy. Duragesic is indicated in the management of chronic pain

in patients who require continuous opioid analgesia for pain that cannot be managed by other means. As per the documentation submitted, the injured worker has utilized fentanyl 50mcg per hour, every 48 hours, since at least 08/2012. Despite ongoing treatment, the injured worker continues to report persistent pain. There was no documentation of a significant functional improvement as a result of the ongoing use of this medication. There is also no evidence of a failure to respond to first-line therapy prior to the initiation of a second-line opioid analgesic. Based on the clinical information received and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.