

Case Number:	CM13-0058108		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2000
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and 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 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. 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 61-year-old female who reported an injury on 8/6/00 after she was pushed to the ground by a customer. The patient lost consciousness and sustained an injury to her neck and low back. The patient developed chronic pain and underwent a cervical fusion from C6-7. The patient's postsurgical pain was managed with physical therapy and medications. The patient developed a psychiatric overlay that was managed with medications and psychiatric support. The patient's most recent clinical documentation supported that the patient had pain rated at an 8-9/10 that was reduced to a 5/10 with medications. Physical findings included decreased strength and function throughout with positive fatigue and a flat affect. The patient's diagnoses included chronic intractable pain, lumbar spine pain and cervical spine pain. The patient's treatment recommendations included a spinal cord stimulator trial, medications, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review provides evidence that the patient's medication schedule provides pain relief, as the patient's pain is reduced from an 8-9/10 to a 5/10 with medication usage. However, the clinical documentation submitted for review fails to document any significant functional benefit or evidence that the patient is monitored for aberrant behavior. Therefore, the continued use of this medication will not be supported. As such, the requested Fentora 400mg is not medically necessary or appropriate.

Fentanyl 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review provides evidence that the patient's medication schedule provides pain relief, as the patient's pain is reduced from an 8-9/10 to a 5/10 with medication usage. However, the clinical documentation submitted for review fails to document any significant functional benefit or evidence that the patient is monitored for aberrant behavior. Therefore, the continued use of this medication will not be supported. As such, the requested Fentanyl 75mg is not medically necessary or appropriate.