

Case Number:	CM13-0058720		
Date Assigned:	12/30/2013	Date of Injury:	07/09/1991
Decision Date:	05/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Practice 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 70-year-old male who reported an injury on 07/09/1991. The mechanism of injury was a motor vehicle accident, in which the forklift that he was driving fell off a loading dock. The injured worker's initial course of treatment is unclear. However, it is noted that he received a right total knee arthroplasty in 06/2000, and a lumbar fusion at L3 through S1 on 05/17/2011. The clinical records also indicate that the injured worker received another unspecified lumbar fusion, on 06/24/2013. Overall, the injured worker remains active and attempts to maintain sufficient pain control with the use of multiple medications. The clinical information submitted for review indicates the injured worker has mild to moderate impairment related to his pain symptoms. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) FENTANYL PATCHES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

Decision rationale: The California MTUS/ACOEM Guidelines recommend opioids to treat moderate to severe chronic pain. Guidelines recommend changing only 1 opioid at a time in order to assess the efficacy of a treatment regimen. Furthermore, guidelines state that fentanyl should only be used for patients who have developed a tolerance to other opioid medications, and only if their previous opioid therapy is equivalent to the minimum dose of the anticipated fentanyl therapy. According to the records submitted for review, the injured worker was previously utilizing OxyIR, 15 mg every 4 hours, and the physician desired to change him to fentanyl 12 mcg. As the injured worker had developed tolerance to his current use of OxyIR, his use of that medication exceeded the prospective use of the fentanyl, and the physician was changing only 1 medication at a time, the change in treatment is appropriate. As such, the request for 5 fentanyl patches is certified.