

Case Number:	CM13-0061125		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2010
Decision Date:	11/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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 injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; long and short-acting opioids; and various interventional procedures involving the lumbar spine. In a utilization review report dated November 18, 2013, the claims administrator approved a sacroiliac joint injection, approved a request for Norco, and partially approved/conditionally approved a request for fentanyl. The injured worker's attorney subsequently appealed. In a January 7, 2014 progress note, the injured worker reported ongoing complaints of low back pain. The injured worker stated she was in the process of compromising and releasing her Workers' Compensation claim for cash settlement. The injured worker was receiving Medicare and Medi-Cal benefits, it was acknowledged. The injured worker's medications at this point included Norco and Duragesic. The injured worker reported 8/10 pain without medications versus 10/10 pain with medications. The injured worker stated that she would stay in bed all day and would be hopeless without her medications. Medications were allowing the injured worker to get dressed in the morning, it was stated. In a progress note dated June 7, 2013, the injured worker again presented with moderate severe low back pain radiating into the right leg. The injured worker stated that activities such as bending, negotiating stairs, jumping, and lifting, pushing, pulling, and walking all worsened her pain complaints. The injured worker's medications at this point included Estrogen, Duragesic, Flonase, Imitrex, lidocaine, Maalox, albuterol, QVAR, Aldactone, sucralfate, Imitrex, and Desyrel, it was acknowledged. The injured worker exhibited an antalgic gait. The attending provider wrote in another section of the note, that the injured worker's pain scores were 8/10 without medications versus 10/10 with medications. The attending provider again stated that the

injured worker was able to dressed in the morning and get up out of bed as a result of ongoing medication usage, and that the injured worker would stay in bed without her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Fentanyl 50mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Hip/Pelvis, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. The attending provider has reported some low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications. This is seemingly a marginal-to-negligible benefit, one which is outweighed by the injured worker not returning to work and the lack of documented improvements in function achieved as a result of ongoing medication consumption, including ongoing use of Duragesic. The injured worker's reports of being able to get up out of bed and get dressed with medication consumption do not constitute meaningful improvement with ongoing fentanyl usage. Therefore, the request was not medically necessary.