

Case Number:	CM13-0065604		
Date Assigned:	05/02/2014	Date of Injury:	08/02/2007
Decision Date:	07/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal 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:

Patient is an injured worker with a back condition and a date of injury of 08-02-2007. Emergency Medicine Note 09/24/2013 documented an ER visit for back pain: History of present illness: This patient is a 45-year-old male with a history of chronic back pain secondary to herniated lumbar disk who presents with back pain. The patient has had several emergency department visits in the past, most recently in January 2013, for similar symptoms. States that he "tosses and turns" when he sleeps. Thinks that he may have "pinched a nerve" last night while sleeping. There is no other trauma, including no fall. He normally takes Norco, Valium and Lidoderm patches for his low back pain. He does have a pain specialist that he sees as well as saw him Monday. States he took Norco and Valium at home with only minimal relief. He does walk with a cane. He is able to ambulate, but with difficulty. States he attempted to go to his MD, but could not make it secondary to pain. No bowel or bladder incontinence. No saddle anesthesia. No numbness or tingling in legs. No weakness in the extremities. He states the pain is typical of his previous back pain exacerbations. He also reports migraine headaches which he believes are secondary to the pain since they started in the past few days and also typical. He has had no fevers, no nausea or vomiting, no acute onset of headache pain. Past medical history: Chronic back pain, hypothyroidism. Past surgical history: none. Physical examination: Vital signs: Temperature is 36.2, pulse 54; respiratory rate 16, blood pressure is 120/75, pulse ox 100% on room air. General: He is lying in bed flat in mild acute distress secondary to his back pain, otherwise nontoxic. Back: He has mild paraspinal muscular tenderness in the low lumbar spine. No midline bony tenderness. No step-offs or deformities. Straight leg raise is unable to complete secondary to pain. Extremities: there is no extremity deformity, no extremity tenderness. Neurological: he is alert, oriented x4. Speech is normal. Cranial nerves are grossly intact. He has good strength in bilateral lower extremities. Diagnoses: This is a 45-year-old

male with a long history of chronic back pain secondary to lumbar disk herniation who presents with what appears to be an exacerbation of the same, took p.o. medications at home without any relief. He has no symptoms or red flags to indicate additional imaging at this time. Discharge instructions: I have given him IM medications. On re-exam, he feels significantly improved and is requesting discharge. Will d.c home with PCP follow up this week. Utilization review dated 11-25-2013 recommended non-certification of the request for ABSTRAL (fentanyl).

IMR ISSUES, DECISIONS AND RATIONALES

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

ABSTRAL SUB 100 MCG DAY SUPPLY, # 64, NO REFILLS: 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 Fentanyl, CRITERIA FOR USE OF OPIOIDS Page(s): 47, 78.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Fentanyl is an opioid analgesic with potency eighty times that of morphine. Regarding on-going management and use of opioids, "the lowest possible dose should be prescribed to improve pain and function." Emergency Medicine Note 09/24/2013 documented a history of chronic back pain secondary to herniated lumbar disk. He normally takes Norco, Valium and Lidoderm patches for his low back pain. No bowel or bladder incontinence. No saddle anesthesia. No numbness or tingling in legs. No weakness in the extremities. No past surgeries. Physical examination demonstrated mild paraspinal muscular tenderness in the low lumbar spine, no midline bony tenderness, no step-offs or deformities, no extremity deformity, no extremity tenderness. Neurologically he has good strength in bilateral lower extremities. He has no symptoms or red flags to indicate additional imaging at this time. No MRI or imaging results were documented. No history of cancer was documented. The patient normally is prescribed Norco which is a Schedule III controlled substance. Fentanyl is a Schedule II controlled substance with potency eighty times that of morphine, a high potential for abuse, and may lead to severe psychological or physical dependence. MTUS guidelines recommend "the lowest possible dose should be prescribed to improve pain and function." Medical records do not document the medical necessity of a potent Schedule II controlled substance. FDA prescribing information for Abstral (fentanyl) is indicated for the management of breakthrough pain in cancer patients. Abstral may be dispensed only to patients enrolled in the TIRF REMS Access program. There is no documentation that the patient is enrolled in the TIRF REMS Access program. No history of cancer was documented in the medical records. Abstral is indicated only for patients with cancer. Because the injured worker does not have cancer, Abstral is not indicated. Therefore, the request for Abstral (fentanyl) is not medically necessary.