

Case Number:	CM13-0066696		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2000
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with an injury date of 09/19/2000. Based on the 11/27/13 progress report provided by [REDACTED], the patient is diagnosed with lumbar degenerative disc disease. [REDACTED] is requesting for Fentanyl Patch 100 MCG/HR. The utilization review determination being challenged is dated 12/06/13 and recommends denial of the Fentanyl Patch. [REDACTED] is the requesting provider and provided three treatment reports from 09/30/11, 02/15/13, and 11/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 100MCG/HR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Section of the California Code of Regulations , Title 8, Section 9792.25.1 Presumption of Correctness , Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Page(s): 60,61.

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/27/13 progress report by [REDACTED], the patient presents with lumbar degenerative disc disease. The request is for Fentanyl Patch 100 MCG/HR. The patient has been using the Fentanyl Patch since the first progress report provided from 09/30/11. Fentanyl Patches release fentanyl, a potent opioid, slowly through the skin. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. The 11/27/13 progress report states that the patient is taking Dilaudid and Fentanyl Patch and the patient claims that the patches are helpful. "Pain is rated 8 to 10 out of ten without medications and 0 to 2 out of 10 with medication. Patient can walk 10+ minutes. Activities patient can perform includes: wash dish, laundry. Activities patient cannot perform includes: vacuum, yardwork." The 02/15/13 progress report by [REDACTED] states that the patient is on Fentanyl Patch 100 mcg, Dilaudid 8 mg, Valium 10 mg, and Synthroid. This report mentions that the patients pain is stable and rates her pain as an "eight to 9 without and it goes to 2 with medication." MTUS guidelines states that for chronic back pain, opiates "Appears efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited." Under "mechanical and compressive etiologies," MTUS states "opioids for moderate to moderately severe pain may be added." This patient, however, does not present with any mechanical or compressive etiologies. The patient simply has degeneration of the spine, something that is found in majority of normal population. The patient's documentation of function is also quite limited without significant improvement in function. With 100ug of Fentanyl, the patient is able to wash dishes, laundry but not vacuum or yardwork. This is hardly a significant improvement. The patient's baseline is not provided to determine whether or not there has been a deterioration with high doses of opiates. Given the lack of MTUS support for a long-term use of opiates for chronic low back pain without mechanical and compressive etiologies, lack of significant functional improvement, and given the equivalent dose that is significantly over 120meq of morphine per day, recommendation is for authorization.