

Case Number:	CM13-0071256		
Date Assigned:	01/08/2014	Date of Injury:	03/18/2012
Decision Date:	06/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 Medicine, and is licensed to practice in Arizona. 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 38 year old male with a date of injury of 3/18/12. He has been treated for ongoing symptoms related to the low back. Subjective complaints are of back pain that radiates to the right leg. The pain is progressively getting worse and is rated at a 8/10 in spite of medications. Physical exam shows decreased lumbar range of motion and tenderness over lumbar facet joints. There was paresthesia over the medial aspect of the bilateral legs, and reflexes were not present at the patella or ankles. Medications include flexeril, ibuprofen, lisinopril, gabapentin, colace, Norco, and Butrans patches. Prior conservative treatment included modified duty, physical therapy, ergonomic evaluation, a home exercise program, work conditioning, and a functional capacity evaluation. The patient had radiofrequency neurotomy that improved pain 50-75% two weeks after the procedure. Medical records from 12/18/13 note that the patient had failure of the radiofrequency ablation; pain was worsening, and causing sleeping difficulties. Submitted documentation indicates that Butrans would be discontinued and the request is to begin Fentanyl 25mcg patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 25MCG, QUANTITY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,74-96.

Decision rationale: The California MTUS states that fentanyl patches are not recommended as a first-line therapy. Product labeling states that fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia. For this patient, pain was documented as worsening and as not being controlled with the current medication regimen. The patient has been utilizing first-line opioid medications and Butrans patches, which were not effective. The medical records provided for review included the rationale for the need of long acting medication to achieve better pain relief. As such, the request is medically necessary.