

Case Number:	CM13-0071989		
Date Assigned:	01/15/2014	Date of Injury:	02/23/2004
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation, 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 69-year-old female who reported a low back injury on 02/23/2004. Within the clinical note dated 12/09/2013, the injured worker reported some pain down her legs with some stiffness. The physical exam reported some palpable tenderness over the lower back. The request for authorization is dated 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 25MG/HR PATCHES # 10 x 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC (FENTANYL TRANSDERMAL SYSTEM) Page(s): 44.

Decision rationale: The Chronic Pain Guidelines do not recommend the patches as a first-line therapy. They are indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There was lack of documentation submitted to provide enough history to prove other means were exhausted before prescribing fentanyl patches. Furthermore, there was a lack of documented pain assessment to accurately assess the functional gains the patches provided. Lastly, the request has a mislabeled

dosage of 25mg and it is available in an industry standard of 25mcg. Thus, the request for fentanyl 25mg/hr patches #10 with two (2) refills is non-certified.