

Case Number:	CM14-0000455		
Date Assigned:	01/22/2014	Date of Injury:	12/05/1991
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on December 5, 1991. Thus far, the applicant has been treated with analgesic medications, long and short-acting opioids, muscle relaxants, earlier lumbar spine surgeries, and transfer of care to and from various providers in various specialties. A November 19, 2013 progress note was notable for comments that the applicant reported persistent 5-6/10 low back pain. The applicant was pending radiofrequency ablation procedures. The applicant was using Duragesic and Nucynta ER for control of baseline pain in conjunction with Norco for breakthrough pain. The attending provider stated, however, that he wished to introduce Dilaudid for breakthrough pain in lieu of Norco. The applicant was ultimately given refills of Duragesic, Norco, Nucynta, Pamelor, Compazine, and baclofen. The attending provider again stated that the applicant's ability to perform activities of daily living was improved, but did not detail or expounded upon which activities of daily living had specifically been ameliorated. The attending provider also stated that the applicant was placed off of work, on disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS TOPICE; OPIOIDS, ONGOING MANAGEMENT TOPIC, PAGE 80 AND PAGE 78

Decision rationale: Fentanyl is a long-acting opioid. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has not clearly explained or justified using two separate long-acting opioids, Nucynta ER and long-acting fentanyl. It is further noted that the applicant does not appear to meet all of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has not worked in many years. The applicant's pain levels appear to be heightened despite ongoing opioid consumption. The attending provider has suggested that the applicant's function has improved with ongoing fentanyl usage, but has not described or expounded upon which activities of daily living have specifically been ameliorated. As such, the request is not medically necessary.