

Case Number:	CM14-0000553		
Date Assigned:	01/10/2014	Date of Injury:	10/29/2007
Decision Date:	08/28/2014	UR Denial Date:	12/03/2013
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 employee is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2007. Thus far, the employee has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and psychotropic medications. In a Utilization Review Report dated November 27, 2013, the claims administrator partially certified a request for fentanyl patches, reportedly for weaning purposes. In a May 20, 2013 progress note, the employee reported persistent complaints of low back, mid back, and knee pain, 10/10 without medications and 7/10 with medications. The employee was not employed, it was acknowledged. The employee was spending the bulk of his time watching TV, eating, and lying in bed, it was acknowledge. Medications included Duragesic, Norco, Soma, Prozac, Neurontin, and Topamax. Diagnoses included pain-related affective disorder, hypertension, insulin-dependent diabetes, chronic low back pain, reflex sympathetic dystrophy, failed back syndrome, and muscle spasms. A variety of medications, including fentanyl, Norco, Topamax, Senna, Neurontin, Ambien, and Prozac were renewed. On November 14, 2013, the employee was again described as off of work. Pain was reported to be 10/10 without medications and 7/10 pain with medications. Pain was aggravated by any kind of activities of daily living, including bending, lifting, twisting, and walking, it was stated. The employee acknowledged that he was sleeping poorly. The employee stated that he spending the bulk of his time watching television. The employee was ambulating using a cane. Medications were reported to be Duragesic, Norco, Soma, Neurontin, Prozac, Topamax, Ambien, and Senna. The employee was again placed off of work, on total temporary disability. A variety of medications, including Norco, fentanyl, Topamax, Senna, Neurontin, Ambien, Prozac, and Soma were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100 MCG/HR, APPLY 1 TO SKIN EVERY 3 DAYS, #10/30 DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy, includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the employee is off of work. The employee has not worked in years. While the employee has reported some reduction in pain levels from 10/10 to 7/10 with ongoing medication usage, the employee, however, has reported inability and difficulty performing even basic activities of daily living, such as sitting, standing, walking, and bending. The employee is spending the bulk of his time lying in bed everyday, watching television, it has been stated. The reduction in pain levels are from 10/10 to 7/10 with ongoing medication usage, including ongoing fentanyl usage is outweighed by the employee's failure to return to any form of work and limited ability to perform even basic activities of daily living. Therefore, the request is not medically necessary.