

Case Number:	CM14-0006185		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2000
Decision Date:	05/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 patient is an employee of [REDACTED] and has submitted a claim for low back pain, with an industrial injury date of November 1, 2000. Treatment to date has included lumber epidural injection (February 2001, October 2008, March 2009), discogram (June 2001), physical therapy, HEP, diagnostic lumbar facet injection (June 2013), and medications which include Soma, Norco, fentanyl patch. Utilization review from December 16, 2013 has denied the request for Fentanyl 100mcg quantity: 10 stating that continuation of opioids without evidence of significant functional improvement, close monitoring of use and a pain contract is not supported. Medical records from 2013 to 2014 were reviewed, the latest dated January 27, 2014 which revealed that the patient continues to have low back pain with radiation into the left leg. Her pain today is 8.5-9/10 on the VAS scale. She continues to experience numbness and tingling over her bilateral lower extremities, which is worse on the left. She also complains of weakness in her left lower extremity but denies falls, bowel and bladder incontinence. She continues to utilize medications with better and improved function. She is able to return to work full time due to medications. She noted that with medications, her pain is reduced by 25-40% and she is able to walk and sit for longer periods of time. She denies adverse effects. On physical examination, patient was noted to be ambulatory without assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100MCG QTY: 10.00: Overturned

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Fentanyl patch is not a first line treatment and is used for patient who require continuous opioid pain relief that is not achieved by conventional means. In this case, Fentanyl patch has been used since April 2013. The patient is noted to have functional improvements with the use of medications such as improved ability for self care, movement positioning, and work full time as a manager. Medications offer 40% pain relief. The patient has signed a pain contract and is being monitored via urine drug screens; aberrant behaviors were not noted. The request for Fentanyl 10 mcg quantity: 10.00 is medically necessary and appropriate.