

Case Number:	CM14-0100681		
Date Assigned:	07/30/2014	Date of Injury:	05/27/1986
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 an 81-year-old male who reported an injury on 05/27/1986. The mechanism of injury was not provided. On 6/17/2014 the injured worker presented with low back pain. Examination of the thoracic spine appeared kyphotic and scoliotic and there was tenderness bilaterally. Examination of the lumbar spine revealed tenderness bilaterally over the lumbosacral musculature and severely limited painful range of motion. The diagnoses were severe low back pain, L1-S1 fusion, failed back surgery syndrome. Current medications included fentanyl, Miralax, and oxycodone. The provider recommended fentanyl and oxycodone, the provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for fentanyl 100 mcg with a quantity of 15 is non-certified. The California MTUS Guidelines does not recommend fentanyl as a first line therapy. The FDA states that fentanyl is indicated in the management of chronic pain and injured workers who require continues opioid analgesia for pain that cannot be managed by other means. The documentation noted that the injured worker stated he had significant low back pain even with medication. The injured worker also notated constipation induced by the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. Based on the information above and the included medical documentation, the request is non-certified.

Fentanyl 50mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for fentanyl 50 mcg with a quantity of 15 is non-certified. The California MTUS Guidelines does not recommend fentanyl as a first line therapy. The FDA states that fentanyl is indicated in the management of chronic pain and injured workers who require continues opioid analgesia for pain that cannot be managed by other means. The documentation noted that the injured worker stated he had significant low back pain even with medication. The injured worker also notated constipation induced by the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. Based on the information above and the included medical documentation, the request is non-certified.

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for oxycodone 30 mg with a quantity of 90 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker noted significant low back pain with the use of medication. He also noted constipation induced by the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.