

Case Number:	CM14-0101716		
Date Assigned:	09/16/2014	Date of Injury:	09/16/2007
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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:

This patient is a 40 year old female who has developed a chronic pain syndrome secondary to persistent low back pain. Her date of injury is 9/16/07. She is diagnosed with a failed back syndrome with persistent neuropathic pain into the left lower extremity. Electro diagnostics reveal an ongoing radiculopathy. She is also reported to have significant levels of anxiety and distress. She was treated with lumbar fusion in 2010 and more recently received a left trochanteric injection with some relief of her hip pain. She is currently having additional testing performed to evaluate the possible benefits of future surgery. A psychological consultation has been recently requested. Her medications include Gabapentin 600 tid, Bupropion, Duragesic patches 25ug/hr every 2 days and medications for constipation. The Duragesic is reported to provide some pain relief, but overall the levels of pain are reported to be unbearable. Urine drug screens have been consistent with prescriptions and no aberrant behaviors are noted. The utilization review concluded that another 2 months of the Duragesic are reasonable pending completion of the spinal work-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mg/hr patch #15/month Med 60 with 2 refills for purpose of weaning:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment, Opioids.

Decision rationale: MTUS Guidelines supports the judicious use of opioid mediations when there is pain relief and functional benefits. The treating physician states that the Duragesic does bring pain relief and improved function, but this is not well quantified by the treating physician. This patient is in the middle of an evaluation for potential revision surgery and appears to be in need of psychological support/intervention which has recently been requested. There is likely to be a need to re-evaluate her opioid use in the future, but until the medical issues are stabilized and the psychological stress is addressed, a change in medications does not appear consistent with Guidelines. Therefore, this request is medically necessary.