

Case Number:	CM14-0103401		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2011
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 a 28-year-old male who reported injury on 11/26/2011. The mechanism of injury was not provided. The documentation indicated the injured worker was utilizing opiates as of 2012. The injured worker underwent two MRIs of the lumbar spine. The prior treatments were noted to have included anti-inflammatory medications, physical therapy, chiropractic care, epidural steroid injection and a right L2-3 discectomy laminectomy. The documentation of 06/03/2014 revealed the injured worker had continued low back pain with radiation into the lower extremities posteriorly and into the feet. Associated symptoms included numbness and tingling. The documentation indicated the injured worker was utilizing Kadian twice a day. The injured worker indicated the pain control did not last 12 hours. The injured worker indicated he got 10% improvement in pain with medications. The current medications were noted to include nabumetone, Relafen 500 mg #90, Lidoderm patches, Lyrica 75 mg capsules, Nucynta ER 50 mg tablets, Kadian ER 10 mg tablets and Icy Hot medicated patches. The diagnoses included lumbar disc displacement without myelopathy, spinal stenosis lumbar, long term use of medications and depression. The treatment plan additionally included the injured worker had side effects of occasional chest pain and difficulty breathing with the use of Kadian and therefore the request was made for fentanyl patches 12 mcg per hour to replace Kadian. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had a 10% decrease in pain. However, it failed to provide documentation of objective functional improvement and objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior. The injured worker was being monitored for side effects. The request, as submitted, failed to indicate the frequency and the strength for the requested medication. Given the above, the request for Fentanyl Patch #5 is not medically necessary.