

Case Number:	CM14-0104493		
Date Assigned:	07/30/2014	Date of Injury:	01/24/2003
Decision Date:	09/17/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/07/2014

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 Management 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 injured worker is a 39 year old male who suffered a work related injury on 01/24/03 while he was bending over. Clinical note dated 07/07/14 indicated the injured worker presented complaining of low back pain rated 8/10 without medications 6/10 with medication. He reported fentanyl patch and oxycodone contributed to pain control and better function. He reported reduced pain allowed for improved functional ability to perform household activities of daily living such as cooking, cleaning, shopping, decreased irritability, increased quality of life, improved sleep quality, and increased social functioning. The injured worker also complained of constipation, muscle spasm numbness and tingling and weakness. Medications included Trazodone 50mg one to two tablets QHS, Topamax 25mg BID, Cymbalta 60mg, oxycodone 50mg tablets every four hours PRN, Amitiza 8mcg BID, fentanyl patch 50mcg an hour every 72 hours and Lunesta 2mg QHS. Diagnosis lumbar spine degenerative disc disease, radiculopathy, lumbar radiculopathy, post-lamina post-lumbar laminectomy syndrome and lumbago. Initial request for fentanyl 25mcg/hour #10 transdermal patches was non-certified on 06/07/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg/hr #10 transdermal patch: Overturned

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): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Fentanyl 25 mcg/hr, #10 transdermal patch is medically necessary at this time.