

Case Number:	CM14-0017527		
Date Assigned:	04/14/2014	Date of Injury:	06/27/1996
Decision Date:	06/02/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation 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 reported an injury on June 27, 1996. The mechanism of injury was not stated. Current diagnoses include lumbosacral disc degeneration, lumbar radiculopathy, lumbosacral spondylosis, myalgia and myositis, postlaminectomy syndrome, tobacco use disorder, and chronic sleep disorder. The injured worker was evaluated on December 19, 2013. The injured worker reported low back and left lower extremity pain rated 5/10 with medication. Current medication regimen includes fentanyl 100mcg/hour. Physical examination revealed an antalgic gait with decreased range of motion. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100MCG/HR PATCH 72HR, APPLY Q48 HRS #15 FOR LUMBAR SPINE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,74-82.

Decision rationale: The California MTUS Guidelines state fentanyl is not recommended as a first line treatment option. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur with ongoing opioid therapy. As per the documentation submitted, the injured worker has utilized fentanyl 100mcg/hour since January 2013. The injured worker continues to report persistent pain in the lower back and left lower extremity, rated 5/10. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no mention of a contraindication to first line treatment prior to the initiation of a second line opioid. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.