

Case Number:	CM14-0116060		
Date Assigned:	08/04/2014	Date of Injury:	12/06/2010
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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, 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:

Medical Records reflect the claimant is a 53 year old with a work related injury dated 1-26-10. On this date, the claimant fell in a pot hole injuring her right side. Medical Records reflect the claimant has a diagnosis of cervical radiculitis, sprain/strain thoracic spine, lumbar radiculitis, right sided shoulder bursitis, chronic pain, myofascial pain syndrome and opioid allergy. The claimant also has NSAIDs restricted by cardiology. Office visit dated 6-30-14 notes the claimant reports low back pain, right hip, knee and ankle pain. She rates her pain as 8/10 with medications and 10/10 without medications. The claimant was provided with a prescription for Fentanyl patch change to 12 mcg one to chest wall every 3 days, and Tramadol. Visit dated 6-16-14 notes the claimant reported pain 8-10 with medications and 9-10 without medications. She was provided with Fentanyl patches and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter - opioids long term use.

Decision rationale: Medical Records reflect a claimant with chronic pain complaints who is being treated with opioids. Despite treatment, the claimant reports high levels of pain ranging from 8-9/10 with medications and 9-10/10 without medications. There is a request for Fentanyl patches 25 mcg # 10. Current treatment guidelines reflect that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There is an absence in documentation noting that this claimant has functional improvement. She continues with high levels of pain despite the use of opioids. Ongoing use of opioids is not supported as she does not have meet current treatment guidelines criteria with functional improvement and satisfactory response with decreased pain or improved quality of life. Therefore, based on the records provided, the request for Fentanyl patch is not established as medically necessary.