

Case Number:	CM14-0117461		
Date Assigned:	08/06/2014	Date of Injury:	03/26/2014
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/27/2014

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 Family 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:

The patient is a 53-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 03/26/2014. Medical records from 2014 were reviewed. The patient complained of severe pain in the left lower extremity, extending into the groin and testicle. Physical examination reveals a positive straight leg raise test. The patient has an antalgic gait. Treatment to date has included oral NSAIDs, Tramadol, Norco and Fentanyl patch. Utilization review from 07/24/2014 denied the request for Fentanyl patch 25mg QTY: 10 because there was no documentation of pain relief, functional status, appropriate medication use and side effects submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 25mg QTY: 10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system); Fentanyl transdermal Page(s): 44, 93.

Decision rationale: Pages 44 and 93 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is indicated in the management of

chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, there was no prior use of Duragesic patch. Progress report from 07/07/2014 cited that patient complained of worsening low back pain radiating to the left lower extremity. This resulted to intake of Norco amounting to 8 - 10 tablets per day; hence, current treatment plan is adjuvant therapy with Duragesic patch every 3 days. Patient was advised not to acquire pain medications from another provider. There is clear documentation presented for prescription of fentanyl patch. Therefore, the request for Fentanyl patches 25mg QTY: 10 are medically necessary.