

Case Number:	CM14-0135146		
Date Assigned:	08/29/2014	Date of Injury:	08/14/2001
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 licensed in Acupuncture 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:

This is a 54year old male injured worker with date of injury 8/14/01 with related low back pain. Per progress report dated 7/9/14, the injured worker complained of lower back pain which radiated into the lower left leg. Per physical exam, he exhibited lumbar muscle spasm, slight swelling, decreased lordosis, and positive straight leg raising on the left. Imaging studies were not available for review. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 8/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 47.

Decision rationale: Per MTUS CPMTG, Fentanyl is an opioid analgesic with potency eighty times that of Morphine. Weaker opioids are less likely to produce adverse effects than stronger

opioids such as Fentanyl. The MTUS is silent on the use of sublingual Fentanyl, however, Fentanyl buccal tablets are not recommended for musculoskeletal pain, and are currently approved for the treatment of breakthrough pain in certain cancer patients. Duragesic Fentanyl transdermal system is not recommended as a first-line therapy. As the MTUS does not recommend Fentanyl for musculoskeletal pain, the request is not medically necessary.