MAXIMUS Federal Services

Case Number:	CM14-0150302		
Date Assigned:	09/18/2014	Date of Injury:	06/05/1994
Decision Date:	10/31/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 68-year-old male with a date of injury on 6/5/1994. The injured worker sustained a low back injury. He has chronic low back pain with Post Laminectomy Syndrome. The 8/19/14 note indicates the injured worker has a constant dull low back pain radiating into both legs. An exam noted facet pain on palpation and left sided sciatic notch tenderness. There was an antalgic gait with some left sided weakness in the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg #15 for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, if the worker has improved functioning and pain with the use of opioid, the opioid may be continued. The notes indicate that the injured worker is deriving benefit with the use of this drug in terms of it benefiting him in reducing pain levels and improvement functioning. It should be continued. It has been safely used for months, if not years. Therefore, the requested service is considered medically necessary.

Whether the patient has failed everything that led up to Fentanyl is not documented, but one does not get to use of Fentanyl without exhausting many lower level drugs, even opiates. Given that this is a 1994 case, it is highly likely that the patient was using Fentanyl and/or other opiates for a very long time. Therefore, it is highly likely that the patient has failed other means of chronic pain management, and thus has been using opiates for pain control, safely, and judiciously. A comment was made that the provider was not addressing opiate contracts, attempts at weaning, urine drug testing, etc. However, notes from the provider have been reviewed, in which these issues were addressed.