

Case Number:	CM14-0165850		
Date Assigned:	10/10/2014	Date of Injury:	08/30/2008
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long and short acting opioids; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for Duragesic (fentanyl), stating that this was not a first line medication. The applicant's attorney subsequently appealed. In a August 28, 2014 progress note, the applicant was described as not doing well, looking and feeling uncomfortable, and reporting ongoing complaints of 9/10 low back pain. The applicant seemingly stated that diminished dosage of Duragesic was not working well. Heightened dosage of Duragesic at a rate of 50 mcg every two days was endorsed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Duragesic 50 mcg (Fentanyl Transdermal System) CII Patch, QTY: 15, as dispensed on 08/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant does not appear to be working with permanent limitations in place. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider has not expounded upon any meaningful, tangible improvements in function achieved as a result of ongoing opioid therapy. The most recent progress note of August 28, 2014, suggests that Duragesic was waning in efficacy, furthermore. Therefore, the request was not medically necessary.