

Case Number:	CM14-0171512		
Date Assigned:	10/23/2014	Date of Injury:	04/08/2004
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/16/2014

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 Arizona. 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:

Injured worker is a 45 year old male with a date of injury on 4/8/2004. Diagnoses include lumbar radiculopathy, lumbar spinal stenosis, and chronic pain syndrome. Subjective complaints are of low back pain with radiation to the right leg. Pain was 10/10 without medications and 5/10 with medications. Physical exam showed positive right straight leg raise test, 4/5 strength in right leg, and decreased sensation. Medications include Norco, Gabapentin, and Fentanyl patches. Urine drug screening was consistent. Injured worker had previously failed Butrans and Morphine Sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/hr patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The injured worker in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of

daily living, adverse side effects, or aberrant drug taking behavior. For this injured worker, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of Fentanyl 100mcg/hr patch is consistent with guidelines and is medically necessary.