

Case Number:	CM14-0172806		
Date Assigned:	10/23/2014	Date of Injury:	11/29/2012
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Surgery 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 33-year-old male with a 11/29/12 date of injury. He slipped on a hitch and landed on his back area. According to a progress report dated 9/12/14, the patient complained of ongoing persistent low back pain. He has still been having difficulty with flares despite being on 75mcg fentanyl. The provider is increasing the fentanyl patch to 100mcg to be changed every 2 days. In a progress note dated 8/20/14, the patient stated that fentanyl patches were not working and that he did not want to continue using them. Objective findings: the patient looks very uncomfortable, increased tenderness to his lumbar paraspinal muscles, positive bilateral leg lift. Diagnostic impression: low back pain, thoracic pain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 9/25/14 denied the request for Fentanyl. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 100mcg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Duragesic - Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, in the present case, there is no documentation of significant pain relief or functional improvement from the patient's previous use of fentanyl patches. The patient stated that fentanyl patches were not working and that he did not want to continue using them. In addition, it is noted that he has still been having difficulty with flares despite being on 75mcg fentanyl. Furthermore, there is no documentation that the patient has had a trial and failure of a first-line opioid medication for round-the-clock pain relief. Additionally, the quantity of medication requested is not noted. Therefore, the request for Fentanyl Patches 100mcg was not medically necessary.