

Case Number:	CM14-0173620		
Date Assigned:	10/24/2014	Date of Injury:	06/05/1994
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 68 year old male who was injured on 6/5/1994. The diagnoses are low back pain, status post lumbar fusion, sacroiliitis and failed back syndrome. The patient completed several interventional pain procedures including lumbar epidural, facet, radiofrequency ablation and sacroiliac joint injections. On 10/1/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The average pain score was 3-4/10 on a scale of 0 to 10. There were objective findings of positive straight leg raising test, positive facet loading, tenderness of the paraspinal area and limitation to range of motion. The patient reported increase in ADL and physical function due to utilization of the medications. No aberrant drug behavior or adverse medication effects was reported. The medications are fentanyl patch, Norco, Lyrica and Celebrex for pain. The patient had a Pain Contract. A Pills Count was done on 10/1/2014. The UDS and CURES data was consistent. There was a history of GI bleed with the use of standard NSAIDs medications. A Utilization Review determination was rendered on 10/14/2014 recommending non-certification for fentanyl 25mcg/hr. #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg/hr. #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe chronic musculoskeletal pain after treatments with standard NSAIDs, co-analgesics, surgeries and PT have been completed. It is recommended that fentanyl be utilized for patient who cannot tolerate oral opioids and as a second line option in opioid tolerant patients. The records did not show that the patient did not tolerate first line oral opioids. The patient is currently rating the average pain score at 3-4/10. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other opioids and sedatives. The patient is also utilizing Norco, Celebrex and Lyrica. The criteria for the use of Fentanyl was not met, therefore, the request for Fentanyl patch 25mcg/hr. #15 is not medically necessary and appropriate.