

Case Number:	CM14-0177421		
Date Assigned:	10/30/2014	Date of Injury:	12/08/1979
Decision Date:	12/11/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 59 year old female who reported an injury on 12/08/1979. The mechanism of injury was not provided. Her diagnoses were noted to include degenerated disc disease, lumbar stenosis, and lumbar spine syndrome, post laminectomy of the lumbar, lumbar radiculopathy, post laminectomy of the cervical spine, cervical radiculopathy and headache. Her past treatments were noted to include physical therapy, heat therapy, home exercise program, massage and medication. She is status post laminectomy. During the evaluation dated 10/21/2014, the injured worker complained of constant low back pain. She described the pain as sharp, dull, aching, throbbing, pins and needles, stabbing, numbness, pressure, cramping, weakness and spasm. She rated the current pain 6/10, on a good day and a 10/10 on a bad day and reported 30-40% pain relief from Norco and Fentanyl patch. She reported the Norco and Fentanyl patch allowed her to sleep better at night and maintain her home exercise program. She indicated that the pain increases with cold temperatures, activity, lying down, sitting and standing. The physical examination revealed a positive straight leg raise, bilateral lumbar spasm and decreased strength in the right lower extremity. Her medication was noted to include Norco 10/325mg and Fentanyl 75mcg/hr patch. The treatment plan was to continue medication and continue home exercise program. The rationale for the Fentanyl patch was to optimize her function and pain control. The Request for Authorization form was dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 75mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for Fentanyl patches 75mcg #10 is not medically necessary. During the evaluation dated 10/21/2014, the injured worker complained of constant low back pain. She described the pain as sharp, dull, aching, throbbing, pins and needles, stabbing, numbness, pressure, cramping, weakness and spasm. She rated the current pain 6/10 on a good day and a 10/10 on a bad day. The California MTUS Guidelines state the Fentanyl patch, Duragesic, is not recommended as a first-line therapy and should only be used in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The rationale for the Fentanyl patch was to optimize her function and pain control. However, the injured worker only reported 30-40% pain relief from Norco and Fentanyl patch. She also reported the Norco and Fentanyl patch allow her to sleep better at night, work around the house and maintain her home exercise program. Additionally, there was no documentation indicating the injured worker's pain could not be managed by any other means or quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS scale, average pain, intensity of pain, or longevity of pain relief. Even with the current medication regimen, the injured worker continued to complain of constant low back pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Due to the lack of pertinent information regarding pain relief, the request for Fentanyl patches 75mcg #10 is not supported. As such, the request is not medically necessary.