

Case Number:	CM14-0179298		
Date Assigned:	11/03/2014	Date of Injury:	01/23/2007
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 injured worker is a 50-year-old female with a date of injury of 1/23/2007. She fell down some stairs injuring her back while performing janitorial duties. She underwent two surgeries to her lumbar spine, the last one being in 2011 with a L3-L5 fusion. Her diagnoses include: Status post lumbar laminectomy 1/17/2009, status post transforaminal lumbar interbody fusion at L3-L5 on 4/11/11, right lower extremity lumbar radiculopathy, symptomatic hardware, right knee degenerative joint disease, coccydynia, and depression. She has been treated with medications (including narcotics and muscle relaxants.) She has had multiple physical therapy sessions, and has also received cortisone injections in her right knee. She is following with a pain management specialist and has upheld a pain management contract. There are urine drug screen results that have been provided and which are appropriate. A request for a Fentanyl patch was noncertified by a utilization reviewer. There is documentation that on 10/15/2014 the utilization reviewer was able to speak with the prescribing provider who clarified that "per his medical assistant Erin, she had made a mistake and put the request for Fentanyl on the request for authorization." The prescribing physician, [REDACTED], stated that he had actually discontinued Fentanyl at this injured worker's last evaluation. Likewise, the utilization reviewer stated that he was not going to certify the request and that [REDACTED] was agreeable. An independent medical exam reviewer has now been requested regarding the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 75mcg/Hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 122-124.

Decision rationale: MTUS guidelines were evaluated and utilized for the purposes of this independent medical review. A request for a Fentanyl patch was noncertified by a utilization reviewer. There is documentation that on 10/15/2014 the utilization reviewer was able to speak with the prescribing provider who clarified that "per his medical assistant [REDACTED], she had made a mistake and put the request for Fentanyl on the request for authorization." The prescribing physician, [REDACTED], stated that he had actually discontinued Fentanyl at this injured worker's last evaluation. Likewise, the utilization reviewer stated that he was not going to certify the request and that [REDACTED] was agreeable. Since, the prescribing physician has already discontinued this medication this request for Fentanyl is not medically necessary.