

Case Number:	CM14-0182244		
Date Assigned:	11/07/2014	Date of Injury:	06/29/2000
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 69-year-old male with a date of injury of 06/29/2000. The listed diagnoses per [REDACTED] are low back pain, left wrist pain, clinically consistent lumbar radiculopathy and lumbar facet pain. According to progress report 10/10/2014, the patient presents with low back pain and lower extremity pain. He states his pain severity on this date is 8/10. Current medications help him to exercise, and he feels without medication, his exercise would be limited. The physician indicates that the patient is doing well on all medications with no side effects. Examination findings reveal tenderness and spasm noted to lumbar paraspinal muscles. Tenderness to the left posterior superior iliac spine and lumbar facet joints were noted. Dysesthesia to light touch left L5 dermatome more than S1 dermatome. This is a request for Fentanyl 25mg #10. Utilization review denied the request on 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic low back pain. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Fentanyl since at least 8/10/14. Report 10/12/2014 indicates the patient has a pain level of 10/10. The patient states that he is doing "well" on his current medication regimen and medications have helped increase his activity such as walking and standing. The physician indicates that urine drug screens are provided up to 4 times yearly on a random basis to verify consistency of medications. In this case, the physician has provided pain scale to denote the patient's current pain level, but before and after pain scales are not provided to show analgesia. The physician does indicate that urine toxicology screens are provided, but there is no discussion of other aberrant behaviors such as CURES; early refill/lost medications, etc. Given the lack of sufficient documentation for opiate management, recommendation is for denial.