

Case Number:	CM14-0023576		
Date Assigned:	05/12/2014	Date of Injury:	06/21/2003
Decision Date:	07/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 52-year-old male with a 6/21/03 date of injury. There is ongoing low back pain, and the patient uses a continuous positive airway pressure at night for sleep apnea. The patient utilizes Fentanyl and Hydrocodone. The patient was to be weaned off following hardware removal, however there has only been limited reduction in Fentanyl dosage. On 11/6/13, the patient had 5/10 pain and poor sleep quality. The lumbar spine range of motion was reduced, gait was antalgic, and there was tenderness in the low back, with a positive straight leg raise test. The urine drug screen from 9/11/13 was consistent with prescribed medications. 12/12/13 note documented that pain levels are reduced from 9/10 to 4/10 with pain medications. Duragesic 50 Mcg/hr patch was decreased from 62 mcg/hr on 5/22/13. A 2/13/14 progress note documented that the use of Norco has allowed the patient to keep the edge off of pain. It is the treating provider's goal to reduce medication use or to wean the patient from Norco use. However, to do so at this time would not be medically prudent. The patient has been stable for a number of years with this medication regimen. Current medications include Nuvigil, Norco, Soma, Paxil, and Duragesic patch. The treatment to date has included L4-S1 decompression and fusion (2004); spinal cord stimulation (2008), repeat decompression and fusion L2-S1 (2009); hardware removal and decompression and fusion at L3-4 (2010); hardware removal (2013); right shoulder surgery (2008); carpal tunnel and trigger finger release (2011); activity modification, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL DIS 50 MCG HR DAY SUPPLY 30 QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 115.

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

Decision rationale: The California 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. Although there is documented improvement from the prescribed medications, MTUS does not recommend more than 120 mg morphine equivalency/day. The current regime is at 170mg/day. In addition, Nuvigil is prescribed, but not guideline supported solely to counteract sedation effects of narcotics. It has not been discussed that dosages should be reduced, when there is a necessity for medications to combat sedation with Narcotic medications. Furthermore, there is no documentation of ongoing weaning/tapering of Fentanyl, which was planned in prior progress notes. The request is not medically necessary.