

Case Number:	CM14-0023659		
Date Assigned:	06/11/2014	Date of Injury:	01/22/2001
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 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:

This 50 year-old patient sustained an injury on 1/22/01. The patient continues to suffer from chronic neck and low back pain complaints. Report of 1/27/14 from the provider noted the patient with radiating neck and low back symptoms rated at 7/10 with medications and 10/10 without. He is taking Methadone 10 mg 6x/day along with Neurontin and Fioricet for migraines. The patient stated his stimulator needed re-programming as leads do not work. Exam showed tenderness and spasms of cervical paraspinals and trapezius along with lumbar L3-5 paraspinal muscles; facet joints; range reduced in cervical and lumbar motion; decreased reflexes in bilateral lower extremities with decreased sensation along bilateral lateral legs and feet. Diagnoses were post-laminectomy syndrome; failed back surgery syndrome; neurogenic bowel. Medications were refilled with SCS reprogrammed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 250 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. This ultra-potent opioid, is specifically cited as not recommended in the ACOEM regarding role of Opioids in the Management of Work Injuries as there is no research-based pharmacological or clinical reason to prescribe the trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury of 2001 without functional improvement from treatment already rendered. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The fentanyl patch 250 mcg is not medically necessary and appropriate.