

Case Number:	CM14-0024542		
Date Assigned:	02/28/2014	Date of Injury:	05/21/2004
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiologist and Pain 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 52-year-old male who reported an injury on 05/21/2004, secondary to unknown mechanism of injury. The injured worker was evaluated on 01/21/2014 for reports of pain and spasm in his back and hip. The evaluation noted no tenderness throughout his back, low back, pelvis, and hip. The injured worker did have a pain rating of 9/10. The diagnoses include chronic low back and hip pain. The treatment plan included continued medication and referral for a pain specialist. The Request for Authorization and rationale for the request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FENTANYL 50MCG PATCHES #15 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 44, 74-95.

Decision rationale: The request for 1 prescription of Fentanyl 50 mcg patches #15 with 2 refills is not medically necessary. The California MTUS Guidelines do not recommend Fentanyl as a first-line therapy. Fentanyl is indicated for management of persistent chronic pain, which is

moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

1 PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 100/300MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request 1 prescription of Hydrocodone/Acetaminophen 100/300 mg #90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.