

Case Number:	CM14-0025876		
Date Assigned:	07/23/2014	Date of Injury:	07/14/2008
Decision Date:	10/07/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 30 year old male who sustained an injury on 07/14/08 while installing three security cameras. The injured worker indicated that he moved his low back causing low back pain. The injured worker also reported slipping down two rungs of a ladder and frequently moving a ladder into awkward positions which triggered his complaints of low back pain. Prior to the date of injury the injured worker was in a motor vehicle accident in 2004. Prior treatment included facet and sacroiliac joint procedures. The injured worker had prior facet rhizotomy procedures at L4-5 and L5-S1 without relief. The injured worker also had prior sacroiliac joint radiofrequency ablation procedures which provided some improvement. Prior medication use was notable for long term use of opioid medications including fentanyl transdermal patches and Opana. The injured worker was also followed for concurrent depression and anxiety secondary to chronic pain disorder. The injured worker was seen on 01/31/14 with continuing complaints of low back pain. Pain was reported as severe without medications 10/10 in intensity. With medications pain was improved up to 40-50%. The injured worker reported that his pain radiating to the right lower extremity was mostly controlled with Neurontin. The injured worker stated he had difficulty engaging in physical activities due to pain. Urine drug screen reports from 12/06/13 reported to be positive for fentanyl and oxymorphone. No prior inconsistent urine drug screen results were noted. At this visit the injured worker was utilizing fentanyl transdermal patches at 25mcg/hour and Opana 10mg two times a day as needed for pain. The injured worker was also utilizing a 12mcg/hour fentanyl duragesic patch for a total of 37mcg/hour. Physical examination noted limited lumbar range of motion with intact strength in the lower extremities. No sensory loss was identified. The injured worker reported he was able to perform most activities of daily living with his medications. Without medications the injured worker was non-functional. Follow up on 02/11/14 noted the injured worker was compliant with

his pain contract. Pain scores remained unchanged. No changes to physical examination were noted. The requested fentanyl 25mcg/hour transdermal patch #15 were denied by utilization review on 02/08/14. 13736

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Fentanyl (Duragesic) 25mcg/hr transdermal #15 patches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: As of 01/31/14 physical examination noted persistent loss of lumbar range of motion secondary to chronic pain. The clinical documentation noted compliant urine drug screen testing the injured worker had prior consistent urine drug screen testing. The injured worker was under a pain contract and was compliant with this pain contract. The injured worker reported up to 50% improvement with the prescribed medications and was noted to be more functionally improved with activities of daily living. The injured worker given the compliance with the requested medication and clinical documentation of its functional improvement in terms of pain relief and functional and given the evidence of efficacy of this medication in terms of functional improvement and pain reduction this reviewer would have recommended this request as medically necessary.