

Case Number:	CM14-0027198		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2001
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 50-year-old female with a reported date of injury on 10/21/2001. The injury reportedly occurred while the injured worker was lifting a box of beer injuring her low back. Her diagnoses were noted to include chronic lumbar strain, status post lumbar L5-S1 fusion, and removal of hardware, chronic pain syndrome secondary to failed lower back, right shoulder impingement, right shoulder sprain, lower back pain with bilateral lower extremity radiculopathy. Her previous treatments were noted to include surgery, physical therapy, epidural steroid injections, spinal cord stimulator trial, and medications. Her medications were noted to include Cymbalta 60 mg 1 by mouth twice a day, Fentanyl 50 mcg/hr patch 1 every 48 hours, gabapentin 600 mg 1 by mouth 4 times a day, Oxycodone-acetaminophen 10/325 mg 1 to 2 by mouth every 4 hours, and Trazodone 50 mg take 2 by mouth at bedtime. The progress note dated 02/04/2014 revealed the injured worker complained of low back pain with left lower extremity pain and a new L4 distribution burning pain for the last 3 to 6 months. The injured worker indicated her pain level with medications was rated 7/10 and without medications rated 10/10. The physical examination revealed decreased sensation to light touch in the left L4 distribution. There was decreased range of motion for flexion and extension with paraspinous muscle tenderness and spasm to the lumbar spine. The request for authorization form dated 02/04/2014 was for Fentanyl 50 mcg patch 1 patch to skin every 48 hours; however, the provider's rationale is not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH DOSAGE:50MCG/HR PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115.

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

Decision rationale: The request for a Fentanyl patch dosage: 50 mcg/hr patch is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines state Fentanyl is not recommended as a first line treatment. The FDA approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. The documentation provided indicated her pain level with medications was 7/10 and her pain level without medications was 10/10. Her functional status was rated 7/10 to 8/10 with medications and 10/10 without medications. The documentation provided indicated no side effects and appropriate urine toxicology screens; however, there is a lack of documentation regarding when the last test was performed. There was enough documentation regarding significant pain relief, detailed improved functional status, and when the last urine drug screen was performed. The Fentanyl patch is not appropriate at this time. Additionally, the request did not provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.