

Case Number:	CM14-0030666		
Date Assigned:	06/20/2014	Date of Injury:	11/22/2000
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and is licensed to practice Nevada. 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 records presented for review indicate that this 64 year-old individual was reportedly injured on 11/22/2000. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/29/2014 indicates that there are ongoing complaints of low back pain radiating into the hips. The physical examination demonstrated lumbar spine: positive tenderness to palpation paravertebral specially L2. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries, physical therapy, medications, and conservative treatment. A request had been made for fentanyl patch 26mcg #15 fentanyl patch 100mcg #15 fentanyl patch 100mcg Oxycodone IR 30mg #180 Oxycontin 40mg #30, and was not certified in the pre-authorization process on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 26MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 ,California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: Fentanyl is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling 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. (Fentanyl) is a particularly potent (80 times more so than morphine) narcotic analgesic. This medication is not recommended for musculoskeletal pain. It is noted that the 100 g patch delivers 240 mg and morphine dose equivalent (MED) per day. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

FENTANYL PATCH 100MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 ,California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: Fentanyl is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling 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. (Fentanyl) is a particularly potent (80 times more so than morphine) narcotic analgesic. This medication is not recommended for musculoskeletal pain. It is noted that the 100 g patch delivers 240 mg and morphine dose equivalent (MED) per day. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Oxycodone IR 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74,78,93 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function

with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Oxycontin 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74,78,93 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.