

Case Number:	CM14-0032634		
Date Assigned:	06/20/2014	Date of Injury:	06/24/1998
Decision Date:	07/18/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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, Pain Medicine and is licensed to practice in FL. 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 63-year-old female who reported an injury on 05/24/1998; the mechanism of injury was fainting in a relaxation class. The clinical note dated 02/03/2014 noted the injured worker presented with right knee pain with numbness and tingling. Upon examination, there was an antalgic gait and no deformity, mass, induration, warmth, erythema, or swelling of the knees. She also had normal active range of motion. The diagnoses were right knee pain. Prior therapy included fentanyl transdermal patch, Lyrica, Oxycodone, and surgery. The provider recommended fentanyl 100 mcg/hour with a quantity of 10; the provider's rationale was not provided. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93,78,86,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids Page(s): 47 and 78.

Decision rationale: The request for fentanyl 100 mcg/hour #10 is non-certified. The California MTUS Guidelines fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The California MTUS further states that the use of opioids for ongoing management of chronic low back pain is recommended. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Included documentation lacked evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The providers request did not indicate the frequency of the medication. As such, the request is non-certified.