

Case Number:	CM14-0041347		
Date Assigned:	06/30/2014	Date of Injury:	12/17/2003
Decision Date:	11/24/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, and is licensed to practice in California. 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 underlying date of injury in this case is 12/17/2003. The date of the utilization review under appeal is 3/17/2014. On 2/10/2014 the patient was seen in pain management follow-up with complaints of ongoing back pain and knee pain as well as numbness and tingling in the hands and the left leg. The treating physician noted the patient had relocated out of state and thus that physician was asked to resume management. The patient had previously been seen in that office for low back pain and bilateral knee pain worse on the right than left, as well as left upper extremity pain. Overall, the patient was felt to have a lumbar post laminectomy syndrome and arthritis of the lower legs. The treatment plan was to continue with the patient's current medications including Terocin, Lovacin, omeprazole, Duragesic patch, Mobic, Apprim, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/hr, qty:10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the four A's of opioid management. The same guideline discusses opioids for chronic pain and do not recommend opioids for chronic low back pain in particular. The medical records do not clearly document a functional benefit or other rationale or indication to support an indication for ongoing chronic opioid use. This request is not medically necessary.