

Case Number:	CM14-0046720		
Date Assigned:	06/27/2014	Date of Injury:	09/20/1996
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 in 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 injured worker is a 58 year-old male who was reportedly injured on September 20, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 27, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated an individual who was hypertensive (134/111). No other physical examination findings are reported. A trigger point injection was completed. The diagnostic imaging studies were not reviewed. The previous treatment includes multiple injections, multiple medications, a spinal cord stimulator and lumbar fusion. A request had been made for fentanyl patches and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 15 PATCHES 12 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

Decision rationale: As outlined in the California MTUS, this medication is for a chronic pain situation requiring round-the-clock therapy for moderate to severe clinical situation. This patch is only for those who have developed a dependence or tolerance for opioids. When noting that additional opioids are being employed (Percocet), and that spinal cord stimulation is also being used and there is no objective notation of any functional improvement, increase functionality, or pain control there is insufficient clinical evidence presented to support the medical necessity of the continuous this preparation. As such, the request is not medically necessary.

FENTANYL 15 PATCHES 75 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

Decision rationale: As outlined in the California MTUS, this medication is for a chronic pain situation requiring round-the-clock therapy for moderate to severe clinical situation. This patch is only for those who have developed a dependence or tolerance for opioids. When noting that additional opioids are being employed (Percocet), and that spinal cord stimulation is also being used and there is no objective notation of any functional improvement, increase functionality or pain control. There is insufficient clinical evidence presented to support the medical necessity. This preparation a comprehensive clinical assessment of the efficacy and utility of this patch would be necessary prior to any determination of a medical necessity. This request is not medically necessary.

PERCOSET 10/325 MG #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: This is a long-acting, controlled release highly potent form of this opioid analgesic. There is no clinical indication presented that this particular medication is needed for long-term use. There is no noted efficacy or utility describe the progress of presented for review. Therefore, one cannot ascertain the medical necessity of this medication limited clinical information. This request is not medically necessary.