MAXIMUS Federal Services

Case Number:	CM14-0047638		
Date Assigned:	06/25/2014	Date of Injury:	02/10/1988
Decision Date:	09/30/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/30/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 55 year old patient had a date of injury on 2/10/1988. The mechanism of injury was not noted. In a progress noted dated 2/26/2014, subjective findings included pain level has significantly increased with deterioration in function. He has difficult walking, difficulty changing position and getting onto exam table. On a physical exam dated 2/26/2014, objective findings included muscle spasm present. Gait is antalgic, and patient's posture is side leaning. Diagnostic impression shows S/P T12 to S1 anterior and posterior decompression and fusion on 6/14/2012, neuropathic pain, bilateral lower extremities.Treatment to date: medication therapy, behavioral modification, surgeryA UR decision dated 3/12/2014 denied the request for Fentanyl 50mcg/hr #10, stating lack of efficacy and patient has been on this medication since 3/20/2013. Referral to pain management specialist was denied, stating that patient lacked evidence of any red flags, and does not present any evidence to warrant request for pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 50mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 2/26/2014, it was noted that the patient's pain level has significantly increased with significant deterioration of function. Furthermore, this patient is documented to be on Fentanyl since at least 2013, with no documented functional improvement. Therefore, the request for fentanyl 50mcg/hr patch #10 is not medically necessary.

Referral to pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Dept of Labor and Employment, pg. 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In a progress report dated 2/26/2014, it was noted that this patient's pain level has significantly increased with significant deterioration of function. The patient pain is not well controlled with the current opioid regimen, so a consultation would be recommended to assess alternative methods of pain control. Therefore, the request for referral to pain management specialist is medically necessary.