

Case Number:	CM14-0049899		
Date Assigned:	07/07/2014	Date of Injury:	11/17/1998
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The patient is a 51-year-old female who has submitted a claim for chronic low back pain secondary to degenerative spondylosis of the lumbar spine associated with an industrial injury date of 11/17/1998. Medical records from 2014 were reviewed. Patient complained of increasing spasm in her neck. Physical examination results were not provided in the medical records submitted. Treatment to date has included Fentanyl Patch, Norco, Flexeril, Meloxicam, Senokot and Prilosec. Utilization review from 4/11/2014 denied the request for Fentanyl DIS 25mcg/hr day supply: 30 qty: 15 refills: 0 because the medical records submitted failed to provide recent evidence of screening exams for misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 25mcg/hr day supply: 30 QTY: 15 Refills:0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Fentanyl transdermal Page(s): 44; 78; 93.

Decision rationale: Page 44 and 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is indicated in the management of

chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, Fentanyl patch was prescribed since at least June 2014. No side effects were reported, and documents show evidence of pain improvement and functional gains with use. However, no urine drug screen result was included in the medical records submitted. Guideline criteria were not met. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Fentanyl DIS 25mcg/hr day supply: 30 qty: 15 refills: 0 is not medically necessary.