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| Case Number: | CM14-0050904 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 04/10/2005 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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

After careful review of the medical records, this is a 56 year old female with complaints of low back pain, left knee pain, neck pain, and left hand pain, left ankle pain. The date of injury is 4/10/05 and the mechanism of injury is fall injury slipping on a slick floor while on duty at work. At the time of request for fentanyl patch 50mcg/h#15x2 refills, there is subjective (low back pain, knee pain, neck pain, upper extremity and lower extremity pain) and objective (tenderness cervical spine and paraspinal musculature, incisional scare left palm and distal radius, both scars tender to palpation, positive Tinel's over left elbow, lumbar spine tenderness to palpation left greater than right, tenderness left knee) findings, imaging findings/other diagnostic (December 5, 2007 MRI lumbar spine shows L3-4,L4-5 disc bulging, EMG 4/13/06 L5 radiculopathy left), diagnoses (L5 radiculopathy left, left carpal tunnel syndrome, left greater trochanter bursitis, depression secondary to chronic pain, posttraumatic strain/sprain cervical spine, posttraumatic strain/sprain left shoulder, lumbar discopathy), and treatment to date (medications, psychotherapy, surgeries, epidural steroids, facet rhizotomy, physical therapy). Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg/hr, # 15 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply the majority of this information, it is my opinion that the request for Fentanyl 50mcg/h #15x2 is medically necessary.