

Case Number:	CM14-0060338		
Date Assigned:	07/09/2014	Date of Injury:	10/01/1999
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65 year old male who is reported to have sustained work related injuries on 10/01/99. The mechanism of injury is not described. He is noted to be diagnosed with cervical and lumbosacral spondylosis and lower extremity pain status post bilateral total knee arthroplasty. Per a letter of appeal dated 04/18/14, the injured worker has complaints of back pain from the 1980s. He sustained a neck and shoulder injury in 1992. He sustained knee injuries which have ultimately resulted in bilateral total knee arthroplasty. Treatment for the cervical pain has included epidural steroid injections. The injured worker ultimately underwent a trial of spinal cord stimulation with subsequent permanent implantation on 11/29/11. It is noted that urine drug screens have been consistent. The letter notes that the injured worker has been on opioid therapy and has chronic moderate pain that is not managed by other means. It is noted that the injured worker was trialed on Morphine which was not tolerated. Buprenorphine sublingual tablets caused diarrhea. A subsequent request was placed for Fentanyl 12mcg per hour. The record contains a utilization review determination dated 04/10/14 in which the request for Fentanyl Patches 12mcg #5 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 12 MCG # 5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Fentanyl patch, Opioids Page(s): 47, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Fentanyl patches 12mcg #5 is recommended as medically necessary. The medical records indicate that the injured worker has chronic pain of his cervical and lumbar spines and bilateral knees secondary to workplace injuries. The record indicates that the injured worker has been intolerant of other opiate medications. He is noted to have chronic pain that is unremitting which would benefit from the use of Fentanyl patches. The records contain no data to suggest aberrant behavior or misuse. Given that the injured worker is refractory to other opiate medications, the request for Fentanyl 12mcg is recommended as medically necessary.