

Case Number:	CM14-0067957		
Date Assigned:	07/11/2014	Date of Injury:	05/20/2002
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational Medicine and is licensed to practice in California. 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 54-year-old male who has submitted a claim for s/p L2-L3 disc replacement surgery, lumbar disc disease, lumbar radiculopathy, s/p L4-L5 artificial disc replacement, and chronic pain associated with an industrial injury date of May 20, 2002. Medical records from October 22, 2010 up to March 27, 2014 were reviewed showing pain in the lumbar spine radiating to bilateral legs with numbness and tingling of left foot. He rated the pain at 7/10 with medication. He stated that his medications are not working as well. He had an abnormal gait and heel-toe walk was performed with difficulty secondary to low back pain. Lumbar spine examination showed a healed incision from a previous artificial disc replacement and abnormal lumbar lordosis. There was tenderness to palpation over the lumbar paraspinal muscles. There was facet tenderness at the L3 through S1 levels. Tenderness of bilateral piriformis muscles, positive Fabere's/Patrick/Kemp's/Farfan tests, positive tenderness on seated and supine straight leg tests, decreased lumbar spine range of motion, and decreased sensation along the L4 dermatomes bilaterally were noted. He is temporarily unable to work. Treatment to date has included L2-L3 disc replacement surgery, L4-L5 artificial disc replacement, and medications such as Oxycodone 5mg one p.o q4-6h p.r.n., Fentanyl patches 100mcg one transdermally q72h p.r.n. #15, Fentanyl patches 25mcg one transdermally q72h p.r.n. #15, Dilaudid 4mg one p.o.q.d. p.r.n. #6, Nucynta 50mg 1-2 p.o. q4-6h p.r.n. #120 and Neurontin 300mg one p.o. b.i.d. #60. A Utilization review from April 22, 2014 denied the request for Fentanyl patches 100mcg/25mcg due to unchanged pain at 7/10. Patient stated that he is not feeling better and his medications are not working as well. Patient's objective and functional improvement with long-term use of this medication is not adequately stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 100mcg/25mcg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG section on chronic pain, subsection under Opioids/medication.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Fentanyl since at least October 2010. Urine drug screen was consistent with the prescribed medications as stated from progress report, dated 3/27/2014. However, the patient's pain has remained unchanged at 7/10 in severity and reported not feeling better with the medications. There is likewise no documentation concerning functional improvement. The medical necessity has not been established. Guideline criteria for continuing opioid management have not been met. Furthermore, the request failed to specify quantity to be dispensed. Therefore, the request for Fentanyl patches 100mcg/25mcg is not medically necessary.