

Case Number:	CM14-0071974		
Date Assigned:	07/16/2014	Date of Injury:	08/09/2004
Decision Date:	08/27/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 45 year old male who reported an injury on 08/09/2004. The mechanism of injury was not provided. On 03/05/2014, the injured worker presented with bilateral low back pain radiating to the thigh, calf, and right heel. Current medications included Hydrocodone and Naproxen. Upon examination of the lumbar spine, there was restricted range of motion due to pain in all directions and a positive straight-leg raise to the right. The muscle strength was rated a 5 out of 5 in all limbs and sensation is intact to light touch and all limbs, except for decreased sensation in the L5 dermatome. The diagnoses were for lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease, lumbar facet joint arthropathy/facet joint pain, lumbar post L4-L5 laminectomy, and lumbar post-laminectomy syndrome. The provider recommended Fentanyl patch. The injured worker failed Hydrocodone and Naproxen due to stomach upset but reported pain on the 8 to 10 on a visual analog scale. The request for authorization form was dated 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Fentanyl as a first line therapy. Fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesic for pain that cannot be managed by other means. The injured worker has been on chronic opioid therapy; however there is no demonstrable evidence of objective functional improvements and adequate pain assessment. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.