

Case Number:	CM14-0073445		
Date Assigned:	07/16/2014	Date of Injury:	04/04/2001
Decision Date:	08/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 Texas and Ohio. 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 63-year-old female who reported an injury on 04/04/2001. The injured worker had a history of neck, mid, and lower back pain. The injured worker had a diagnoses of cervical and lumbar radiculopathies, cervical lumbar stenosis, severe degenerative disc disease of the cervical lumbar spine, and status post cervical fusion at the C4-5 in 2001 also noted for status post a lumbar fusion at the L4-5 and L5-S1 in 2004. The CT scan of the lumbar spine dated 11/18/2013 severe chronic degenerative disc disease at the L1-2, L2-3 and L3- 4 with mild foraminal stenosis. The bone scan dated 02/03/2014 revealed mild to moderate dextroscoliosis to the lower thoracic lumbar spine. The past treatments were not available for review. The objective findings dated 03/05/2014 revealed a positive straight leg raise. The motor strength to the upper and lower extremities was 4/5, deep tendon reflexes were decreased throughout bilaterally. The sensory was decreased to palpation at the right C5-6 and a decrease in palpation at the right L4-5. The range of motion of the lumbar spine revealed a forward flexion of 30 degrees and backward of 5 degrees. The injured worker had an antalgic slow gait and using a walking stick. The medication included gabapentin at 800 mg, trazodone at 100 mg, naproxen at 500 mg, Norco at 10/325 mg, tizanidine 4 mg, and zanaflex. The injured worker reported her pain at 9/10 using the visual analogue scale. The treatment plan was to include PT, chiropractic care, acupuncture, injections, and surgery. The request for authorization dated 07/16/2014 was submitted with documentation. The rationale for the fentanyl patch was to assist with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Fentanyl 25 mcg/hr #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids, criteria for use, Opioids, dosing Page(s): 47, 78, 86.

Decision rationale: The request for the prospective request for 1 prescription of fentanyl 25 mcg/hour #5 is not medically necessary. The California MTUS Guidelines recognize fentanyl as an opiate analgesic with a potency 80 times that of morphine. The guidelines recommend 4 domains that have been proposed as most relevant and ongoing monitoring of chronic pain patients on opiates, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors, the guidelines recommend that dosing not exceed 120 mg of oral morphine equivalent per day and for the injured worker taking more than 1 opiate the morphine equivalent doses of the different opiates must be added together to determine the cumulative dose. The documentation provided indicated that the injured worker has a pain rate of 9/10 to 10/10 which was also noted in the 01/14/2014 chart notes and the current chart note of 03/17/2014. The 04/15/2014 chart note indicated that the injured worker's pain is due to her anxiety and a prescription for Buspar was going to be prescribed for her symptoms. The chart note for 05/28/2014 indicated that the injured worker was getting some pain relief with Opana ER 20 mg. There was no event of relief while taking the fentanyl patch, side effects or any physical or social functioning. As such, the request is not medically necessary.