MAXIMUS Federal Services

Case Number:	CM14-0088073		
Date Assigned:	07/23/2014	Date of Injury:	04/24/1999
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky and North Carolina. 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 51-year-old who had a work related injury on April 24, 1999. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated July 1, 2014. The injured worker was seen in the office, chief complaint of severe back pain leg pain and left knee pain. He continued to have difficulty/pain with his left knee when he walked longer distances and he was bothered by the clicking sound that he had occasionally had with the left knee. He used a walker today for ambulation. Surgery history, lumbar spine fusion, left knee replacement. Non-smoker does not consume alcohol. Physical examination, gait and station no abnormalities observed. Normal muscle tone, without atrophy in bilateral upper extremities, and lower extremities. He was alert and oriented times three. Lumbar spine, gait antalgic used a walker. Sensation is intact to light touch and pin prick in bilaterally to lower extremities. Straight leg raise negative. Spasm and guarding in lumbar spine. Lumbar spine motor strength 5/5 in lower extremities. Current medications were fentanyl patch, Colace, Zanaflex, hydrocodone, glucosamine, Dilantin, levothyroxine, phenobarbital diagnosis internal derangement knee left knee. Pain in right and pain in shoulder. Post-laminectomy syndrome. Rotator cuff disorder. Long term use of medications. Prior utilization review on June 4, 2014 was non-certified. In review of clinical documentation submitted for review there was no clinical documentation of functional improvement and VAS scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100mcg/hr, ten count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 42.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion have not been discussed. Therefore, the request for Fentanyl Patch 100mcg/hr, ten count, is not medically necessary or appropriate.