

Case Number:	CM14-0092913		
Date Assigned:	09/12/2014	Date of Injury:	01/24/2003
Decision Date:	10/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 Illinois. 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 39-year-old female who reported an injury on 01/24/2003. The mechanism of injury was not provided. On 08/11/2014, the injured worker presented with low back pain. Current medications include Trazodone, Topamax, Cymbalta, Oxycodone, Amitiza, Fentanyl, and Lunesta. On examination of the lumbar spine there was tenderness and spasm over the paravertebral muscles bilaterally with a positive straight leg raise with decreased sensation to the right L5 and S1 distributions. The diagnoses were spinal lumbar degenerative disc disease, radiculopathy, lumbar radiculopathy, post lumbar laminectomy syndrome, and lumbago. The provider recommended fentanyl. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids, Criteria for Use.

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

Decision rationale: The request for Fentanyl 50mcg #10 is not medically necessary. The California MTUS Guidelines state that Fentanyl is not recommended as a first line therapy. The FDA approved product labeling states that Fentanyl is indicated in the management of chronic pain and injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is lack of a complete and adequate pain assessment of the injured worker. The provider's rationale for the injured worker being recommended for continuous opioid analgesia was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.