

Case Number:	CM14-0177785		
Date Assigned:	10/31/2014	Date of Injury:	08/18/1997
Decision Date:	01/30/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Practice, has a subspecialty in Occupational Medicine & Pain 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 48 year old male who sustained an industrial injury on August 18, 1997. He is diagnosed with lumbar post laminectomy syndrome and chronic pain syndrome. The patient has failed SCS. The patient was evaluated on September 2, 2014 at which time he complained of ongoing pain rated 6-7/10. The patient reported that his medications were very helpful, allowing him to get out of the house, go for walks, and help with housework. He was using 200mg fentanyl patches and weaned himself off of oxycodone as it was not providing much relief. His pain level without medication was 10/10 and reduced to 4/10 with medication. UR dated October 3, 2014 recommended to non-certify the request for of Fentanyl 100mcg/hr transdermal patch #30 as the current dose of fentanyl transdermal system was not appropriate. The peer reviewer also noted that on a prior review, weaning of fentanyl patch was initiated and the request had been modified to fentanyl 100mcg/hour #10, which should have completed the tapering process. In response, the physician's office has submitted a letter dated October 30, 2014 at which time it is noted that with medications the patient is able to perform his ADLs. It is pointed out that the patient has failed spine accord stimulator. It is noted that the patient has weaned himself off of oxycodone in May 2014. It is noted that fentanyl is not first line therapy but the patient has found other options to be ineffective. It is also noted that the ultimate goal is to eventually wind the patient down in a gradual taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl 100mcg/hr. transdermal patch #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Evidence-based guidelines do not recommend long-term use of opioids due to the development of habituation, tolerance, and hormonal imbalance in men. In this case, the patient has been on opioid medications for an extended period of time and per the letter of appeal, the physician's office intends to gradually taper the opioids. It is noted that oxycodone has been weaned and discontinued in May 2014. Modification cannot be rendered in this review and this medication cannot be suddenly discontinued. As such, the Fentanyl 100mcg/hr transdermal patch #30 is medically necessary at this time.