

Case Number:	CM14-0189408		
Date Assigned:	11/20/2014	Date of Injury:	05/30/2006
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 male who was injured at work on 08/26/2014. He is reported to be complaining of lower back pain that radiates to the right buttocks, hip, and leg. The pain is associated with numbness and tingling. The pain worsens with prolonged sitting and standing, and sitting on hard surfaces. In addition, he complained of pain in his right knee and right wrist; weakness, loss of strength and mobility of his legs, right more than the left; swelling of the knees and loss of motion. The physical examination revealed limited range of motion of the lumbar spine, muscle splinting, and tenderness to touch at the sacroiliac areas, and the paraspinal muscles. The worker has been diagnosed of right wrist sprain/strain, lumbar sprain/strain, and right knee sprain/strain. Treatments have included chiropractic care, physical therapy, acupuncture, Tramadol, extra strength Tylenol. At dispute is the request for Fentanyl Patches 12 MCG/HR #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 12 MCG/HR #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system), Opioids Page(s): 47-93.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Fentanyl Patches 12 MCG/HR #15. According to the MTUS guidelines, Fentanyl (Duragesic) is indicated for the management of individuals currently on opioids for moderate to severe chronic pain that requires round the clock opioid therapy, and in whom other forms of treatment have failed. The previous opioids to which tolerance has occurred should be at least equivalent to 25MCG/Hour. The records do not indicate that there is failed treatment with other forms of treatment; neither does it indicate the injured worker has developed tolerance to opioids. Therefore, the requested treatment is not medically necessary and appropriate.