

Case Number:	CM14-0189730		
Date Assigned:	11/20/2014	Date of Injury:	02/01/2004
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 male presenting with a work related injury on 02/01/2004. The patient complained of pain in his low back with radiation to the right. The patient stated that the pain is most severe in the morning and with prolonged positioning. The physical exam was significant for exaggeration of his thoracic; lumbar lordosis and slight; palpation of the spinous processes with tenderness at the lumbosacral junction. At L4 - L5 there was significant increase in paraspinal muscle tone with more severe on the right than the left; range of motion of the lumbar spine was accomplished using two goniometers. The Lumbar flexion was 15, extension was 30, lateral tilt to the right 20, and the lateral tilt to the left 15. The scoliosis of the mid to lumbar spine was present. There was significant decrease to the left, range of motion with painful internal/external rotation bilaterally. The flexion was limited to 90 bilaterally. The patient was diagnosed with Levoscoliosis at L3 - L4 and L4 - L5; and spondylosis of the lumbar spine. A claim was placed for Fentanyl 25mcg/hr # 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr # 15: Upheld

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

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

Decision rationale: Fentanyl 25mcg/hr #15 is not medically necessary. Per MTUS (page 79) guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.