

Case Number:	CM14-0191435		
Date Assigned:	11/25/2014	Date of Injury:	05/14/1998
Decision Date:	01/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice, 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 66 year old female claimant sustained a work injury on 5/14/98 involving the low back. She was diagnosed with lumbar disc disease and spondylosis. She underwent a laminectomy and developed post-laminectomy syndrome and chronic pain syndrome. She had undergone epidural injection and physical therapy. She had been on Fentanyl patched 25 mcg/hr every 3 days and Hydrocodone/APAP since at least May 2014. A progress note on 9/19/14 indicated the claimant had back 5/10 pain radiating to her legs. Exam findings were notable for muscle spasms in the lumbar spine and restricted range of motion. There was diminished sensation in the L4-S1 region. On 11/4/14 her pain score and examination was similar. She remained on Fentanyl and Hydrocodone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 72 Hour, 25mcg/Hr, 1 Patch Transdermal Q72h #10, Hydrocodone/Acetaminophen Tablet 10/325mg, 1 Tablet Po Tid Prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 and 44 Page(s): 82-92 and 44.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary. Fentanyl patches are not 1st line of therapy for pain. They are approved for chronic pain in those who require opioid analgesia that cannot be managed by other means. In this case, there was no indication of long-acting oral medications that have failed. There was no periodic note on addiction risk or notation of a controlled substance agreement. In addition, the pain and function remained consistent over several months. Continued and long-term use of Fentanyl Patch is not medically necessary.