

Case Number:	CM14-0202157		
Date Assigned:	12/15/2014	Date of Injury:	11/10/2005
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 injured worker is a 64 year old male with a date of injury as 11/10/2005. The current diagnoses include low back pain with radiating symptoms, status post right carpal tunnel release may of 2014 and left June of 2014, spinal cord stimulator placement in March of 2011, neck pain, and bilateral ulnar neuropathy across the elbows. Previous treatments include oral medications, transdermal medications, implanted spinal cord stimulator, physical therapy, and right and left carpal tunnel release. Multiple physician reports were included in the documentation submitted for review. Report dated 12/02/2014 noted that the injured worker presented with complaints that included ongoing neck and hand pain, and going through withdrawal and feels horrible. It was noted that the injured worker wanted to try to switch back to OxyContin to see if it would be approved. Physical examination was documented as no significant changes. The physician noted that the prescribed medications help the injured worker carry out activities of daily living such as cleaning, laundry, and self-hygiene and decrease pain levels. The documentation submitted did not provide a current evaluation of the effectiveness of the Fentanyl patches. It was noted that the spinal cord stimulator has failed and the injured worker is awaiting authorization to remove the implant. The injured worker is on sedentary work restrictions. The utilization review performed on 11/18/2014 non-certified a prescription for fentanyl patches based on an absence in documentation noting that the injured worker has functional improvement with this medication. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 50mcg/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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl patches 50 MCG per hour #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detail pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are low back pain with radiating symptoms to the bilateral thigh; bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment are under dispute; spinal cord stimulator placement March 2011; and neck pain. The treating physician requested fentanyl patches that are typically used every 72 hours prior to changing. The authorization requested #15 patches for a 30 day supply. This would indicate one patch is changed every 48 hours. Fentanyl patch every 48 hours is not the recommended dosing. Additionally, the documentation does not contain evidence of objective functional improvement with fentanyl patches. A progress note dated August 6, 2014 indicates the injured worker was taking OxyContin and wanted to go back on fentanyl patches. The instructions indicated changing the patch every 48 hours. There was no documentation of objective functional improvement with OxyContin. There were no detailed pain assessments in the record. Consequently, absent the appropriate clinical documentation containing objective functional improvement, using the patch every 48 hours, fentanyl patches 50 mcg per hour #15 is not medically necessary.