

Case Number:	CM14-0202256		
Date Assigned:	12/12/2014	Date of Injury:	11/29/2012
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
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 Emergency 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:

Patient with reported date of injury on 11/29/2012. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of low back pain, thoracic pain and is post lumbar fusion on 4/10/14 and 4/14/14. Medical reports reviewed. Last report available until 11/21/14. Patient has persistent low back pain radiating to lower extremities. Pain not improving since surgery. Norco is helping the pain. Objective exam reveals decreased range of motion of lumbar spine. Seated straight leg raise is 90degrees bilaterally. Tandem gait is unsteady. Sensory decreased in L L4-5-S1 dermatomes. Motor strength is normal. There is no documentation anywhere about why Fentanyl patch was requested. There is a brief comment stating "unable to tolerate percocet" and "wants to switch back to Norco". Fentanyl patches were tried without UR approved and are reportedly "not helping". Medications include Norco, Ambien and Tizanidine. MRI of lumbar spine (1/14/13) reveals disc desiccation at L5-S1 with mild anterolisthesis, broad based protrusion at L5-S1 with annular tear, bilateral L5 pars defect. Patient had completed aqua therapy sessions. Independent Medical Review is for Fentanyl patches 100mcg (no quantity)-this appears to be a retrospective review of a trial of patches. Prior UR on 11/10/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 100 mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-93.

Decision rationale: Fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, Fentanyl Patches are not recommended as 1st line treatment and should only be initiated when patient requires continuous pain control, failed other oral therapy and is not opiate naive. There is no documentation of patient being on extended release oral medications such as Oxycontin or MS Contin. There is no documentation as to why these other longer acting opioid or other conservative medications for back pain/neuropathy have not been attempted before a trial of Fentanyl. Fentanyl patch is not medically necessary.