

Case Number:	CM14-0204605		
Date Assigned:	12/16/2014	Date of Injury:	04/09/2003
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 04/09/2003. Documentation regarding the initial injury was not provided. This patient receives treatment for chronic low back pain with radiation to the right lower extremity. The patient is opioid dependent. The patient received facet and medial nerve blocks for the pain. Physical exam of the spine reveals a reduced ROM and no abnormalities in the exam of reflexes, motor, or sensory functioning. Medications prescribed for the patient include tizanidine, Lyrica, Ambien, Fioricet, Norco, Nucynta, Venlafaxine, and Oxycontin. The patient received treatment with a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg/hr transdermal patch 1-2 patches every hour as needed for 10 days, QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Fentanyl

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 80-81.

Decision rationale: This patient has chronic low back pain. The patient has taken multiple opioids simultaneously without evidence of an increase in function or a significant relief of pain. Opioids are recommended for the short-term relief of low back pain; that is, treatment of exacerbations. The documentation is unclear about the treatment plan for all of the opioids prescribed. The treating physician is recommending Fentanyl to be used "1-2 patches every 12 hours." Fentanyl is not recommended to be used on an "as needed" basis, as it is 80 times more potent than morphine and carries with it a much higher likelihood of adverse side effects than other opioids of lesser potency. Fentanyl is not medically indicated.