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| Case Number: | CM15-0007507 | | |
| Date Assigned: | 01/22/2015 | Date of Injury: | 12/09/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male who reported injury on 12/09/2011. The mechanism of injury was the injured worker hit a dip in the road while driving on the freeway and injured his back. The diagnostic studies included an x-ray of the lumbar spine, an MRI of the lumbar spine. The injured worker underwent prior back surgery. Prior therapies included epidural steroid injections. The documentation of 12/18/2014 revealed the injured worker had pain of a 9/10. The injured worker was utilizing fentanyl 25 ug/hour patches for break through pain. The injured worker was utilizing 3 to 4 Norco per day. The injured worker indicated he had no side effects with the medication. With the medication, the injured worker was able to function, and without it, according to the injured worker, he could not tie his shoes. The physical examination revealed spasm and guarding. The request was made for medications, including fentanyl 25 mcg/hour 1 every 3 days and Norco 10/325 one tablet twice a day. The diagnoses included degeneration lumbosacral disc, status post laminectomy and lumbar congenital spondylolisthesis. The documentation indicated the injured worker had failed management with conservative therapy and multiple epidural steroid injections, as well as chiropractic treatment, and had an MRI, which revealed discopathy at L3-4, and was authorized for surgery. There was Request for Authorization submitted for review for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg/hr QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fentanyl patch 25mcg/hr QTY: 10.00 is not medically necessary.