

Case Number:	CM15-0009161		
Date Assigned:	01/27/2015	Date of Injury:	09/07/2009
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic leg, knee, shoulder, and neck pain reportedly associated with an industrial injury of September 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee replacement surgery; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated January 2015, the claims administrator partially approved a request for fentanyl (Duragesic). Request for Prozac, conversely, was approved outright. A January 5, 2015 progress note was referenced in the determination. In a progress note dated January 5, 2015, the applicant reported 5-6/10 pain complaints. The applicant was depressed. Ancillary complaints of headaches were noted. In another section of the note, somewhat incongruously, the attending provider then stated that the applicant had 8/10 pain complaints. The applicant had had recent cervical epidural steroid injections, it was noted. Residual paresthesias about the arm were nevertheless evident. The applicant's medications included Celexa, Duragesic, Protonix, Prozac, and Wellbutrin. Ongoing complaints of neck and knee pain were noted. Multiple medications were renewed, including fentanyl. Repeat cervical epidural steroid injection was sought. The attending provider noted that the applicant was status post earlier cervical spine surgery and status post earlier knee arthroplasty surgery. The applicant's work status was not clearly stated, although the applicant did not appear to be working. On December 1, 2014, the applicant, once again, was described as using Wellbutrin, Duragesic, Protonix, and Prozac. The attending provider acknowledged that the applicant had been deemed "disabled" in the personal history section of the note. The applicant was asked to continue fentanyl and employ Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Fentanyl 25mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, despite ongoing usage of fentanyl (Duragesic). The applicant is receiving both Workers Compensation indemnity benefits and disability insurance benefits, the treating provider has acknowledged. The attending provider's progress notes were difficult to follow, mingled historical issues with current issues, and, furthermore, failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing fentanyl usage (if any). Therefore, the request was not medically necessary.