

Case Number:	CM15-0105094		
Date Assigned:	07/20/2015	Date of Injury:	01/04/2002
Decision Date:	08/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 62-year-old female who sustained a work related injury January 4, 2002. Past medical history included traumatic brain injury and post-concussion syndrome. According to a physician's progress report dated May 27, 2015, the injured worker presented with worsened bilateral lower back pain, bilateral buttock pain, and bilateral neck pain. The physician further noted she is using crutches due to worsened pain, as the taper of Fentanyl failed. Current medication included Oxycodone, Valium, and Ambien. Physical examination included; tenderness to palpation of the cervical and paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than flexion. Cervical ranges of motion were restricted by pain in all directions and extension was worse than cervical flexion. Sensation is intact to light touch, heel toe and tandem walking were within normal limits, and Waddell's signs were negative bilaterally. Diagnoses are lumbar facet joint pain L4-5, L5-S1; lumbar facet joint arthropathy; chronic low back pain; bilateral sacroiliac joint pain; chronic neck pain; post- concussion syndrome. At issue, is the request for authorization for Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl patch 75mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested 1 prescription of Fentanyl patch 75mg, #15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsened bilateral lower back pain, bilateral buttock pain, and bilateral neck pain. The physician further noted she is using crutches due to worsened pain, as the taper of Fentanyl failed. Current medication included Oxycodone, Valium, and Ambien. Physical examination included; tenderness to palpation of the cervical and paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than flexion. Cervical ranges of motion were restricted by pain in all directions and extension was worse than cervical flexion. Sensation is intact to light touch, heel toe and tandem walking were within normal limits, and Waddell's signs were negative bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Fentanyl patch 75mg, #15 is not medically necessary.