

Case Number:	CM15-0108164		
Date Assigned:	06/12/2015	Date of Injury:	04/24/2010
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 39 year old female, who sustained an industrial injury on 4/24/10. The injured worker was diagnosed as having lumbar degenerative disc disease and myofascial pain. Treatment to date has included oral medications including opioids, topical medications including opioids, home exercise program and activity restrictions. Currently, the injured worker complains of whole body pain rated 10/10. She notes medications help relieve the pain by 50%. Work status is unknown at this time. Physical exam noted tenderness to palpation over L4-5 with decreased range of motion of lumbar spine. A request for authorization was submitted for Nucynta 100 mg #120, Soma 350mg #90, Norco 10/325mg #120 and Fentanyl patch 25mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 MICS #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 93, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the entire body. The current request is for Fentanyl patch 25 MIC S #10. The treating physician report dated 5/20/15 (31B) notes that patient tolerates the medication well with no side effects and experiences a 50% reduction in pain levels. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been using a Fentanyl patch since at least 12/31/14 (61B). It is unclear if the patient has returned to work. The report dated 4/22/15 (40B) notes that the patient's pain has decreased from 10/10 to 6/10 while on current medication. No adverse effects or adverse behavior were noted by patient. There is no evidence in the documents provided for review that the patient's ADL's have improved. The patient's last urine drug screen was not provided for review and it is unclear if the physician has a signed pain agreement on file as well. In this case, all four of the required A's are not addressed, and functional improvement has not been documented. The current request is not medically necessary.