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| Case Number: | CM15-0019066 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 08/09/2006 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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, Arizona

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 60-year-old female who reported an injury on 08/09/2006. On 01/30/2015, she presented for a follow-up evaluation regarding her work related injury. Her active problems were noted to be cervicalgia, chronic pain syndrome, herniated disc, and intervertebral disc degeneration. Her medications were listed as fentanyl 50 mcg/hour and hydrocodone/acetaminophen 10/325 mg 1 by mouth 5 times daily as needed for pain. She stated she had been using the fentanyl patch at 75 mcg every 2 days as well as Norco 10/325 mg 1 and half to 2 a day. She stated that the pain was in the 5/10 to 6/10 range, and on bad days an 8/10 range. Physical examination showed decreased range of motion to the cervical spine. Sensation was noted to be within normal limits, and the strength was normal in the upper extremities. The treatment plan was for fentanyl 50 mcg #15. The rationale for treatment was to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg QTY: 15.00: 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 On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided for review does not show that the injured worker is having a quantitative decrease in pain or and objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.