

Case Number:	CM15-0139969		
Date Assigned:	07/29/2015	Date of Injury:	03/29/2005
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 45 year old female, who sustained an industrial injury on 3-29-2005. She reported pain in her back, left leg and foot after being struck by falling tables. Diagnoses have included lumbar failed back syndrome, muscle spasm, unspecified neuralgia, neuritis and radiculitis and lumbar radiculopathy. Treatment to date has included lumbar surgery, physical therapy and medication. According to the progress report dated 6-12-2015, the injured worker complained of chronic low back pain, left hip pain and left leg pain. It was noted that pain medications took the edge off her pain and allowed her to function better in her activities of daily living. Exam of the cervical spine revealed trigger points in the muscles of the head and neck. Exam of the lumbar spine revealed pain with palpation of the lumbar facet on both sides at the L3-S1 region. Authorization was requested for Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

Decision rationale: Fentanyl is an ultra-potent opioid, specifically cited as not recommended in the ACOEM Guidelines supplement, noting no research-based pharmacological or clinical reason to prescribe for Fentanyl for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Fentanyl 12mcg #10 is not medically necessary and appropriate.