MAXIMUS Federal Services

Case Number:	CM15-0140540		
Date Assigned:	07/30/2015	Date of Injury:	01/31/2003
Decision Date:	08/27/2015	UR Denial Date:	07/16/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female who sustained an industrial injury on 01-31-2003. Mechanism of injury was not found in documentation presented for review. Diagnoses include colostomy of enterostomy mechanical complication, traumatic arthropathy of the lower leg and perforation of the intestines. Treatment to date has included diagnostic studies, medications, status post right knee replacement in 2012 and left knee replacement in 2014-with a complication of a ruptured bowel-status post-surgery with a colostomy, and home health aide assistance. A physician progress note dated 07/02/2015 documents the injured worker complains of increased stomach pain. She has increased left knee pain and she requires use of a rolling walker, right knee and drainage into the colostomy bag. She has dizziness and she had achalasia requiring Botox injection into the esophagus under conscious sedation. She is also depressed with anxiety. She rates her pain as 7 out of 10. She is also has been having nausea and vomiting. Her activity level has decreased and her quality of life has worsened. She is very depressed. The treatment plan includes a wheelchair due to increasing difficulty walking, she was instructed to walk for exercise, she is referred to the gastroenterologist for evaluation and treatment of worsening abdominal distance and more severe pain, and she needs a caregiver 4 hours per day for 5 days a week. Her medications include Effexor, Sonata and Fentanyl patch. Treatment requested is for Fentanyl patch 75 mcg/patch, Qty 20, 2 patches on the lumbar spine every 72 hrs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75 mcg/patch, Qty 20, 2 patches on the lumbar spine every 72 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Knee - Fentanyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury and is being treated for bilateral knee pain with a history of total knee replacements in 2012 and 2014. Her second surgery was significantly complicated by a colonic perforation and she has a colostomy. She was hospitalized for more than 6 months as a result. She has chronic abdominal pain. When seen, she was using a rolling walker. Pain was rated at 7-8/10 and was constant. She was having nausea and vomiting. She was having difficulty sleeping and her quality of life had worsened. Transdermal Fentanyl was prescribed at a total MED (morphine equivalent dose) of 180 mg per day.Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. The MED being prescribed is in excess of guideline recommendations. Continued prescribing at this dose was not medically necessary.