

Case Number:	CM15-0142943		
Date Assigned:	08/03/2015	Date of Injury:	07/20/2003
Decision Date:	09/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 72 year old female who sustained an industrial injury on 7-20-2003. Mechanism of injury was not provided. She has reported lower back pain and has been diagnosed with radiculitis, neuralgia, fibromyalgia, myofasciitis, spinal stenosis in the cervical region, post laminectomy syndrome lumbar region, sacroiliitis, herniated lumbar disc, spinal stenosis lumbar, spondylosis lumbosacral without myelopathy, spondylosis cervical without myelopathy, herniated cervical disc, post laminectomy syndrome cervical region, and low back pain. Treatment has included medications. On examination, lumbar spine pain was rated a 7 out of 10. Pain is 5 out of 10 with medications. Without medications, pain is 9 out of 10. Range of motion was decreased to the low back. There was pain with palpation to the longissimus muscle, quadratus lumborum muscle, sacroiliac ligament, and supraspinatous ligament. The treatment plan included a Duragesic patch. The treatment request included Fentanyl Dis 100 mcg # 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 100mcg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Fentanyl Dis 100 mcg # 15. Recent treatments have included medications and injections. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/24/15, the patient presents with joint pains. Her low back pain is rated 9/10 without medications and 5/10 with medications. The patient reports that symptoms are relieved with medications. On examination of the lumbar spine, there was pain with palpation to the longissimus muscle, quadratus lumborum muscle, sacroiliac ligament, and supraspinatus ligament. The treater states that pain management policy contract and UDS results were reviewed. Per report 05/19/15, the patient presents for a follow up for chronic LBP and RLE. The patient reported "pain is not well controlled with heat, ice and medications." Report 03/26/15 and 02/24/15 noted the patient reported "stable pain and function with current medical management." Her pain with medication is 5/10 "but much worse without meds." A handwritten note from the patient is included in the medical, which states that she has been on Fentanyl for 13 years following multiple back surgeries and her pain is reduced from 9/10 to 3-4/10 with this medication. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.