

Case Number:	CM15-0143893		
Date Assigned:	08/04/2015	Date of Injury:	10/16/2012
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 31 year old male who sustained a work related injury October 16, 2012. Past history included status post puncture wound and laceration left foot, 2007. According to a pain and rehabilitative physician's office notes, dated June 15, 2015, the injured worker presented with continued low back pain. He also reports chills and severe fatigue, dizziness, balance problems, poor concentration, numbness and weakness. Current medication included Naproxen, Fentanyl, Cyclobenzaprine-Flexeril, Lunesta and Norco. Objective findings included; normal gait, reproducible pain in the lumbar spine, sensation is intact to light touch and pinprick bilaterally to the lower extremities, and straight leg raise is negative. There is pain in the lumbar spine with extension and rotation. There is a 12 cm horizontal well healed surgical scar on the left anterior abdomen all the way to the midline. Diagnoses are spondylosis lumbosacral. Treatment plan included radiofrequency ablation and at issue, a request for authorization for Fentanyl, Norco, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr Patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Morphine and Norco, other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Pain scores were not routinely noted. Continued use of Fentanyl not medically necessary.

Norco 10/325mg #60: 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 opioids Page(s): 82-92.

Decision rationale: Norco is a short-acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Morphine, Fentanyl and Naproxen. There was no indication for chronic use of multiple opioids. Pain scores were not noted. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.