

Case Number:	CM15-0146401		
Date Assigned:	08/07/2015	Date of Injury:	01/30/2004
Decision Date:	09/11/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old male who reported an industrial injury on 1-30-2004 versus 1-22-2004. His diagnoses, and or impression, were noted to include: lumbosacral spondylosis without myelopathy; degeneration of the lumbar or lumbosacral inter-vertebral discs; and thoracic or lumbosacral neuritis or radiculitis. No current imaging studies were noted. His treatments were noted to include: physical therapy - mildly effective; pain management consultation and treatment; medication management; and rest from work. The progress notes of 6-26-2015 reported the sudden onset of constant and severe lower back pain that radiated to the bilateral lower extremities, aggravated by activities and only mildly relieved by oral Norco and Fentanyl patches, using the Fentanyl patches to minimize the amount of oral Norco he took; and his desire to discuss the use of his medications because of his stating having trouble taking them as prescribed due to his pain level that was said to be so bad. Objective findings were noted to include painful bilateral sacroiliac joints; positive straight leg raise; painful bilateral buttocks and greater trochanter; and decreased lumbar range-of-motion with decreased bilateral lower extremity strength. The physician's requests for treatments were noted to include the continuation of Fentanyl patches to help manage chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mch/hr # 15 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Fentanyl 25mch/hr # 15 with no refills, California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Fentanyl 25mch/hr # 15 with no refills, is not medically necessary.