

Case Number:	CM15-0162284		
Date Assigned:	08/28/2015	Date of Injury:	07/01/1998
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 68-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of July 1, 1998. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for monthly fentanyl patches. The claims administrator referenced a July 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 27, 2015 office visit, Duragesic patches and acupuncture were sought. The applicant was off of work and last worked in 2001, it was reported on an associated progress note of the same date. The applicant had undergone multiple failed spine surgeries, a partial knee replacement procedure, and earlier shoulder surgery consult. The applicant was using both Duragesic and Dilaudid, it was reported. The applicant had superimposed issues of fibromyalgia, it was acknowledged. Permanent work restrictions were endorsed. No seeming discussion of medication efficacy transpired insofar as continued usage of Duragesic was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75mcg/hr x monthly refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on July 27, 2015 and had not worked since 2001, the treating provider reported on that date. The attending provider likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function achieved as a result of ongoing Duragesic usage (if any) on that date. Therefore, the request is not medically necessary.