

Case Number:	CM15-0163017		
Date Assigned:	08/31/2015	Date of Injury:	09/20/2002
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency 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 injured worker is a 57 year old male, who sustained an industrial injury on September 20, 2002. The injured worker was diagnosed as having low back pain and spinal-lumbar degenerative disc disease. Treatments and evaluations to date have included MRIs, epidural steroid injections (ESIs), discogram, and medication. Currently, the injured worker reports a lower backache. The Primary Treating Physician's report dated July 30, 2015 noted the injured worker's pain level and activity level had remained unchanged since the previous visit. The injured worker reported his pain with medications as 2 on a scale of 1 to 10, and 7 without medications on a scale from 1 to 10. The injured worker's current medications were listed as Duragesic patches, Tegaderm over the patch, Skelaxin, and Oxycodone. The physical examination was noted to show the injured worker with an antalgic gait, restricted lumbar spine range of motion (ROM), tenderness to palpation noted on the paravertebral muscles with hypertonicity bilaterally. Lumbar facet loading was noted to be positive on the left side. The physician noted the injured worker had failed a trial of weaning of the Duragesic from #15 to #10 previously, with a second trial initiated. The treatment plan was noted to include a trial of the Duragesic patch from #15 to #10 with continued Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 75mcg/hr #10: Overturned

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): Fentanyl, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Documentation is appropriate although patient shows significant lack of pain or functional benefit from Fentanyl. Patient is on the process of weaning down from Fentanyl. Prior weaning attempts has been difficult with significant pain and withdrawals. Current plan for continued weaning from Fentanyl 75mcg/hr every 2 days to Fentanyl 75mcg/hr every 3 days is appropriate. Fentanyl 75mcg/hr #10 is medically necessary for continued weaning.