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| Case Number: | CM15-0164301 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 04/20/1991 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 73 year old female, who sustained an industrial injury on 4-20-91. The diagnoses have included chronic low back pain with a bilateral lumbar radicular component status post remote failed lumbar spinal surgery syndrome and a history of hypertension. Treatment to date has included medications, surgery, transcutaneous electrical nerve stimulation (TENS), heat and cold therapy, traction, aquatic therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 8-3-15, the injured worker complains of low back pain with bilateral lumbar radiculopathy status post failed lumbar spine surgery syndrome. She reports that she has been swimming multiple times a week and it has improved her overall stamina and flexibility throughout the lumbar region. She reports that with her pain medication the pain ranges from 6-7 out of 10 on pain scale and without the medications it would be 10 out of 10. She reports that the Fentanyl patch has allowed her to maintain her chores at home that she would not be able to do otherwise. The current medications included Bupropion, Fentanyl, and Temazepam and stool softener. The urine drug screen dated 3-2-15 was inconsistent with the medications prescribed and the urine drug screen dated 9-15-14 was consistent with the medications prescribed. The objective findings-physical exam reveals that she changes station independently, ambulating with a well-coordinated, although slow non-antalgic gait. The physician requested treatment included Fentanyl 50 MCG quantity of 15 with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 MCG Qty 15 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Fentanyl is not substantiated in the records.