

Case Number:	CM15-0166125		
Date Assigned:	09/03/2015	Date of Injury:	03/02/1993
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on 03-02-1993. On provider visit dated 07-22-2015 the injured worker has reported lower back pain. On examination the lower back revealed exaggerated lordosis, scar from previous surgery and significant muscle spasm. Straight leg raise was positive bilaterally, decreased sensation was noted and deep tendon reflexes were diminished ankle jerk bilateral was noted. An antalgic gait was noted and the injured worker used a 4 wheeled walker or cane to assist with ambulation. The diagnoses have included lumbosacral radiculopathy, lumbosacral pain and thoracic or lumbosacral neuritis or radiculitis- unspecified. Treatment to date has included spinal cord stimulator and medication. The provider requested Fentanyl 100mcg hr. #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/hr #30: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient presents with pain affecting the low back with radiation into the buttock and bilateral lower extremities. The current request is for Fentanyl 100mcg/hr #30. The treating physician report dated 8/11/15 (4C) states, "I find it medically warranted that (the patient) falls in this category of needing long term opioid treatment as described in detail in 'Subjective Complaints' portion of this PR-2. Her ONLY treatment that has given her enough pain relief to function, do her ADL's, and not be bed bound is her current STABLE pain medication regimen that she has no side-effects from. She failed BOTH a spinal cord stimulator and intrathecal pump trial so current medication regimen is ONLY available way to manage her pain and stopping this would not only be inhumane but could well constitute malpractice as there are NO other options that have not been tried." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been using a Fentanyl patch since at least 3/31/15 (21B). The report dated 8/11/15 notes that the patient's pain has decreased from 10/10 to 5-6/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADL's have improved such as the ability to cook, take care of her house, dress, shower and perform light exercise. The continued use of a Fentanyl patch has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.