

Case Number:	CM15-0167004		
Date Assigned:	09/04/2015	Date of Injury:	05/21/2004
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male with an industrial injury dated 05-21-2004. The injured worker's diagnoses include complex regional pain syndrome and sacroiliac (SI) joint pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-03-2015, the injured worker reported low back pain and bilateral leg pain. Objective findings revealed tenderness over the sacroiliac (SI) joint on the right, pain with internal rotation of the hip and plantar flexion contracture of left lower extremity. The treatment plan consisted of medication management for chronic pain. The treating physician prescribed Fentanyl 50mcg-hr (unspecified quantity), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 53 year old male with an injury on 05/21/2004. He has low back pain and bilateral leg pain. He has a left lower extremity contracture. First, an unspecified quantity of opiate is not medically necessary. You cannot order an unlimited supply. Second, MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.