

Case Number:	CM15-0185125		
Date Assigned:	10/15/2015	Date of Injury:	05/21/2004
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 53 year old male, who sustained an industrial injury, May 21, 2004. The injured worker was undergoing treatment for lumbar spinal cord injury, lumbar laminectomy with decompression and complex regional pain syndrome. According to progress note of September 1, 2015, the injured worker's chief complaint was pain and deconditioning due to complex regional pain syndrome. The objective findings noted the injured worker was only able to walk 10-20 steps. The injured worker had some improvement with pain but was deconditioned with muscle weakness and spasms. The injured worker previously received the following treatments Norco, Fentanyl Patches 50 mcg since October 22, 2012, an orthotic on the left lower extremity, Soma and Norco. The RFA (request for authorization) dated September 2, 2015; the following treatments were requested 2 prescriptions for Fentanyl Patches 50mcg and a 1-4 prong walking cane. The UR (utilization review board) denied certification on September 14, 2015; for the 2 prescriptions for Fentanyl Patches 50mcg and a 1-4 prong walking cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Fentanyl patch 50mcg: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2004 while lifting a steel I-beam. In November 2009 he underwent a lumbar decompression for severe lumbar stenosis. He developed progressive lower extremity weakness and is currently being treated for chronic pain including a diagnosis of CRPS. In June 2015 he was receiving comprehensive pain management treatments including cognitive behavioral therapy and interventional care. The primary treating provider was providing prescription medications for chronic pain. When seen he had pain and deconditioning due to CRPS. He was able to ambulate 10-20 steps. There had been some improvement in pain. VAS pain scores were not recorded and a formal physical examination is not documented. Fentanyl was prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.