

Case Number:	CM15-0187224		
Date Assigned:	09/29/2015	Date of Injury:	08/07/1994
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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 55 year old female, who sustained an industrial injury on August 7, 1994, incurring neck, upper back, mid back, low back and left ankle injuries. She was diagnosed with lumbar disc disease, lumbar radiculitis, lumbago and cervicalgia. Treatment included pain medications, topical analgesic patches, acupuncture, transcutaneous electrical stimulation unit and wheelchair for mobility. Currently, the injured worker complained of persistent pain in her neck, low back and left leg pain rated 7 out of 10 on a pain scale from 1 to 10. She noted trouble walking with tingling and numbness and weakness in her left leg. She complained of neck and mid back pain aggravated by bending forward and backwards, exercising, reaching, and prolonged sitting standing and walking. She reported limited range of motion of the cervical spine with noted muscle spasms. The treatment plan that was requested for authorization on September 23, 2015, included a prescription for Fentanyl Patch 50 mcg #72. On August 27, 2015, a request for a prescription for a Fentanyl Patch was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg #72: 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): Fentanyl, Opioids for chronic pain.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent pain in her neck, low back and left leg pain rated 7 out of 10 on a pain scale from 1 to 10. She noted trouble walking with tingling and numbness and weakness in her left leg. She complained of neck and mid back pain aggravated by bending forward and backwards, exercising, reaching, and prolonged sitting standing and walking. She reported limited range of motion of the cervical spine with noted muscle spasms. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Fentanyl patch 50mcg #72 is not medically necessary.