

Case Number:	CM15-0192958		
Date Assigned:	10/29/2015	Date of Injury:	05/09/2001
Decision Date:	12/15/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania, Ohio, California
 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 55 year old female who sustained an industrial injury on 5-9-01. The injured worker reported low back pain with lower extremity radicular symptoms and neuropathy. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease, complex regional pain syndrome right lower extremity, spinal cord stimulator, intrathecal pump and probable lumbar facet mediated pain. Medical records dated 8-17-15 indicate pain rated at 8 out of 10. Provider documentation dated 8-17-15 noted the work status as disabled. Treatment has included psychotherapy, Morphine since at least March of 2015, Valium since at least March of 2015, Fentanyl since at least March of 2015, Zolpidem since at least March of 2015, Effexor since at least March of 2015, Norco since at least March of 2015, and Soma since at least March of 2015. Objective findings dated 8-17-15 were notable for tenderness to palpation to lower lumbar segments with painful range of motion, sacroiliac joint tenderness and iliotibial band tenderness, lower extremities with "mottling and edema." The original utilization review (9-2-15) partially approved a request for Fentanyl 100mcg-hr patch #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.