

Case Number:	CM15-0197139		
Date Assigned:	10/12/2015	Date of Injury:	11/04/2001
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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 58 year old female, who sustained an industrial injury on 11-4-01. The injured worker was diagnosed as having sciatica, lumbar post-laminectomy syndrome, and myalgia and myositis. Treatment to date has included and medication including Diazepam, Fentanyl patches, Flector patches, Hydrocodone-Acetaminophen, and Tramadol. On 8-10-15, physical examination findings included decreased lumbar range of motion for flexion and extension. Antalgic gait and pain and difficulty were noted with transfers from sitting to standing. The injured worker had been taking Hydrocodone-Acetaminophen and using Fentanyl patches since at least May 2014. On 5-12-15 and 8-10-15, pain was rated as 6 of 10 with medication and 10 of 10 without medication. On 8-10-15, the treating physician noted "urine toxicology screens have been appropriate." The treating physician noted the injured worker had difficulties with activities of daily living including family or home responsibilities, social activity, self-care, and sleep. On 8-10-15, the injured worker complained of low back and right lower extremity pain. The treating physician requested authorization for Fentanyl patches 25mg and Hydrocodone-Acetaminophen 10-325mg. On 9-10-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 25mg: 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 for chronic pain.

Decision rationale: The requested Fentanyl patches 25mg is not medically necessary. 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 been taking Hydrocodone-Acetaminophen and using Fentanyl patches since at least May 2014. On 5-12-15 and 8-10-15, pain was rated as 6 of 10 with medication and 10 of 10 without medication. On 8-10-15, the treating physician noted "urine toxicology screens have been appropriate." The treating physician noted the injured worker had difficulties with activities of daily living including family or home responsibilities, social activity, self-care, and sleep. 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 patches 25mg is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg: Upheld

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

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

Decision rationale: The requested Hydrocodone/Acetaminophen 10/325mg is not medically necessary. 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 been taking Hydrocodone-Acetaminophen and using Fentanyl patches since at least May 2014. On 5-12-15 and 8-10-15, pain was rated as 6 of 10 with medication and 10 of 10 without medication. On 8-10-15, the treating physician noted "urine toxicology screens have been appropriate." The treating physician noted the injured worker had difficulties with activities of daily living including family or home responsibilities, social activity, self-care, and sleep. 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, Hydrocodone/Acetaminophen 10/325mg is not medically necessary.