

Case Number:	CM15-0201737		
Date Assigned:	10/16/2015	Date of Injury:	01/10/2009
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 10, 2009. In a Utilization Review report dated October 5, 2009, the claims administrator failed to approve a request for fentanyl (Duragesic). The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant apparently visited emergency department on several occasions owing to severe pain complaints. Duragesic and Tylenol No. 4 were renewed while the applicant was kept off of work, on total temporary disability. The applicant was reportedly contemplating lumbar spine surgery, it was reported. On October 7, 2015, the attending provider sought authorization for a functional restoration program. The applicant was described as moderately obese at this point, the treating provider. The applicant was using Norco at rate of 8 tablets a day at this point, the treating provider acknowledged. On August 22, 2015, the treating provider reported that the applicant had ongoing complaints of low back pain. The applicant had reportedly gone to emergency department owing to inadequately controlled low back pain. The applicant had reportedly been given Percocet in the emergency department. The applicant was using Cymbalta, Tylenol No. 4, and Lyrica, the treating provider reported on this date. Increased pain and discomfort were evident on this date, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 25mcg/hr, #10 (30 days supply): Upheld

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

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

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple dates of service, referenced above, including on August 27, 2015 and on October 13, 2015. The applicant was described as having gone to the emergency department on several occasions owing to flares of pain. The applicant's pain control with Duragesic, thus, was suboptimal, the treating provider suggested on those dates. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Duragesic (fentanyl) usage on the dates in question. Page 78 of the MTUS Chronic Pain Medical Treatment Guideline also stipulates that the applicant should obtain all opioid prescriptions from a single prescriber. Here, however, thus, the applicant's frequent trips to the emergency department imply that the applicant was in fact receiving opioid prescriptions from multiple prescribers, the treating provider suggested on August 27, 2015. Therefore, the request was not medically necessary.