

Case Number:	CM15-0207262		
Date Assigned:	10/26/2015	Date of Injury:	05/29/2006
Decision Date:	12/07/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 male, who sustained an industrial injury on 5-29-2006. The injured worker was diagnosed as having spinal stenosis, lumbar region, without neurogenic claudication, other specified sites of sprains and strains, unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent, and backache, unspecified. Treatment to date has included diagnostics, cervical spinal surgery, acupuncture, and medications. Currently (9-28-2015), the injured worker complains of pain level 10 out of 10 (unchanged from 8-31-2015, 8-12-2015, and 6-17-2015), noting low back pain and lower extremity weakness on exam. He reported he was "still the same nothing really has changed and he has a hard time breathing". Medications included Halcion, Soma, Norco, Xanax, Nucynta, and Fentanyl patch. The use of Fentanyl 100mg patch was noted since at least 4-2014. He remained off work and was in a wheelchair. Function with activities of daily living was not described. Urine toxicology within the past year was not referenced or submitted. The treatment plan included Fentanyl patch 100mg every 72 hours #10, modified by Utilization Review on 10-10-2015 to Fentanyl 100mg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mg every 72 hours #10: 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 patch 100mg every 72 hours #10 , 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 complains of pain level 10 out of 10 (unchanged from 8-31-2015, 8-12-2015, and 6-17-2015), noting low back pain and lower extremity weakness on exam. He reported he was "still the same nothing really has changed and he has a hard time breathing". Medications included Halcion, Soma, Norco, Xanax, Nucynta, and Fentanyl patch. The use of Fentanyl 100mg patch was noted since at least 4-2014. He remained off work and was in a wheelchair. Function with activities of daily living was not described. Urine toxicology within the past year was not referenced or submitted. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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 100mg every 72 hours #10 is not medically necessary.