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| Case Number: | CM15-0024442 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 08/20/1991 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 01/24/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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 52-year-old who has filed a claim for chronic pain syndrome and alleged fibromyalgia reportedly associated with an industrial injury of August 20, 1991. In a Utilization Review Report dated January 24, 2015, the claims administrator denied fentanyl and conditionally denied Nexium. Atarax was also conditionally denied or delayed. The claims administrator referenced a January 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a November 10, 2014, progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain, 10/10. The applicant stated that he is on various analgesic medications, including Norco, were not adequately controlling his pain. The attending provider contented that the applicant had failed Nucynta and BuTrans. A trial of Zohydro was proposed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The note was extremely difficult to follow. On January 12, 2015, the attending provider seemingly suggested that the applicant's low back pain complaints were poorly controlled. The attending provider suggested that the applicant had developed intolerable nausea with Norco and apparently suggested that the applicant employ fentanyl on a trial basis and/or rotate back to fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

Decision rationale: Fentanyl was apparently introduced or re-introduced on or around January 12, 2015 on the grounds that the applicant had developed intolerance to and/or an inadequate response to other long acting opioids, including Zohydro, BuTrans, and extended release Nucynta. The attending provider's handwritten note dated January 12, 2015 seemingly suggested that he was intent on having the applicant rotate back to fentanyl (Duragesic). As noted on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid rotation is an option in applicants who develop increasing pain with other opioid regimens. Rotating back to fentanyl, thus, was indicated on or around the date in question, January 12, 2015. Therefore, the request was medically necessary.