

Case Number:	CM15-0029094		
Date Assigned:	02/23/2015	Date of Injury:	10/07/2011
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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 41-year-old [REDACTED] employee who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of October 7, 2011. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for fentanyl (Duragesic). The claims administrator referenced an RFA form dated January 9, 2015 in its determination. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported ongoing complaints of low back pain radiating into the left leg, at 7/10. The applicant's quality of sleep was poor. The applicant stated that her pain complaints were interfering with family functioning, mood, concentration, recreational activity, and sleep. The applicant was reportedly using Dilaudid, Desyrel, and Duragesic, it was acknowledged. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS). The applicant was placed off of work, on total temporary disability. On February 4, 2015, the applicant reported persistent complaints of low back pain radiating to left leg, 8/10 and "unrelenting." The applicant's activity level had decreased, it was acknowledged. The applicant was using crutches to move about at times. The applicant was very limited in terms of ambulation, it was noted in several sections of the note. The applicant's medications included Desyrel, Dilaudid, Atarax, Colace, senna, clonidine, and morphine, it was suggested. Large portions of the portions of the progress note were difficult to follow as they mingled historical issues with current issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management7) When to Continue Opioids Page(s): 78; 80.

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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however the attending provider has not furnished a clear or compelling rationale for concurrent usage of two separate long-acting opioids, namely fentanyl (Duragesic) and long-acting morphine. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant continues to report severe and unrelenting pain complaints, in the 8/10 range, despite ongoing fentanyl (Duragesic) usage. The applicant was having difficulty performing activities of daily living as basic as ambulating. All of the foregoing, taken together, did not make a compelling case for continuation of fentanyl (Duragesic). Therefore, the request was not medically necessary.