

Case Number:	CM15-0031887		
Date Assigned:	02/25/2015	Date of Injury:	12/31/1983
Decision Date:	04/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 70 year old male, who sustained an industrial injury on December 31, 1983. The injury mechanism is not indicated within the records available. The diagnoses have included lumbar/lumbosacral disc degeneration, and rheumatoid arthritis. Treatment to date has included ankle surgery, lumbar spine surgery, and medications. Currently, the Injured Worker complains of body-wide moderate to severe pain. He reports having 3-4 hours of night time pain relief with the use of Fentanyl patches. Physical findings are noted as severe deformity of the left hand, and bilateral feet, thoracic scoliosis. The records indicate use of Norco and fentanyl patches for rheumatoid arthritis since approximately November 20, 2014. On February 12, 2015, Utilization Review modified certification of Fentanyl 25mcg, #5. The MTUS guidelines were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Fentanyl 25mcg, #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl 25mcg/hr #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are rheumatoid arthritis; and lumbar lumbosacral disc degeneration. The date of injury is December 31, 1983 (32 years prior). The injured worker states the VAS pain scale is always 7-9/10. Fentanyl provides some relief with 3 to 4 hours of pain relief. Additionally, the injured worker is taking Norco five tablets per day. There is no clinical rationale or indication for the dual use of two opiates Fentanyl and Norco. Moreover, Fentanyl does not provide sustained pain relief. The injured worker has continued complaints of pain 7-9/10. The documentation does not contain evidence of objective functional improvement with Fentanyl. Consequently, absent compelling clinical documentation with objective functional improvement (and subjective improvement) with long-term Fentanyl, Fentanyl 25mcg/hr #10 is not medically necessary.