

Case Number:	CM15-0041772		
Date Assigned:	03/12/2015	Date of Injury:	12/15/1989
Decision Date:	05/05/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male, with a reported date of injury of 05/23/2004. The diagnoses include bilateral sacral pain, bilateral sacroiliac arthropathy with right sacroiliac joint hypomobility, status post six lumbar spine procedures, status post implantation of three thoracic epidural neuroelectrodes and rechargeable pulse generator, and status post implantation of bilateral lumbar and bilateral sacral peripheral neuroelectrodes and rechargeable pulse generator. Treatments to date have included an x-ray of the thoracolumbar spine and bilateral lower extremities, oral medications, topical pain medication, a urine drug screen, and a pulse generator. The medical report dated 02/10/2015 indicates that the injured worker complained of increased low back pain. He rated the pain 4-6 out of 10. The injured worker also complained of increased sacroiliac pain, rated 4-6 out of 10. The physical examination showed negative bilateral straight leg raise test; normal sensory examination with the exception of right sacral decreased sensation to light touch; bilateral hip weakness; tenderness of the bilateral iliolumbar and bilateral sacroiliac ligament; myofascial spasm and tenderness of the bilateral gluteus muscles; decreased lumbar range of motion; and decreased hip range of motion. The treating physician requested Fentanyl. It was noted that loss of effectiveness had been documented after 48 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 ug/h #15 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Fentanyl, Chronic Pain Medical Treatment Guidelines state that Fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there are statements indicating the medication is improving the patient's pain and reduced the need for Norco use. However, there is no documentation regarding side effects. A progress note indicates the patient has completed urine drug screen with positive opiate result. The patient was concurrently taking Norco and Fentanyl, however, the actual urine drug screen is not presented with the submitted documentation to indicate compliance with Fentanyl. Furthermore, there is no mention of failure of other long acting first-line opiate therapy. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl) is not medically necessary.