

Case Number:	CM15-0044264		
Date Assigned:	03/16/2015	Date of Injury:	03/26/2009
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 (IW) is a 55-year-old male who sustained an industrial injury on 03/26/2009. He reported pain along the lower back radiating into the bilateral legs. The injured worker was diagnosed as having lumbar facet syndrome, disk disorder, lumbar, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, depression not otherwise specified. Treatment to date has included home exercise, epidural steroid injection, Wellbutrin, Colace, Percocet and Fentanyl. He also is in treatment with a pain management specialist. He was switched to morphine sulfate in December 2014, and reports his pain has not been as well controlled with the morphine. With morphine, the pain is rated 6/10, and with Fentanyl the pain is rated 2-3/10. Currently, the injured worker complains of pain along the lower back radiating into the bilateral legs, abnormal gait, back pain, morning stiffness, muscle spasms and poor sleep. The request for authorization is for Fentanyl 25mcg/hr. quantity: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr quantity: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines duragesic (fentanyl transdermal system).

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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbar facet syndrome; disc disorder lumbar; thoracic or lumbosacral neuritis or radiculitis unspecified; and depression. The current medications listed are Fentanyl 25 mcg per hour patch one patch every 72 hours and Percocet 10/325 mg one every 4 to 6 hours PRN. Additional medications are Wellbutrin and Colace. The documentation indicates a Morphine sulfate trial was unsuccessful. The treating provider restarted the injured worker back on Fentanyl 25mcg/hr. The injured worker is working full time without restriction. The documentation contains detailed pain assessments and risk assessments. The injured worker is able to perform the activities of daily living and attends work on a regular basis. The treating provider documented fully the requirements for ongoing opiate use. Additionally, there is a full set of vital signs, and describes whether the injured worker is overmedicated. Consequently, Fentanyl 25 mcg/hr #10 is medically necessary.