

Case Number:	CM14-0120692		
Date Assigned:	10/13/2014	Date of Injury:	11/02/2005
Decision Date:	11/12/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 58-year-old female with a date of injury 11/2/2005. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of pain to the bilateral lower extremities and neck pain since the date of injury. She has been treated with physical therapy, epidural steroid injections and medications since the date of injury. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine; tenderness to palpation of the bilateral paraspinous cervical musculature; positive straight leg raise bilaterally, decreased sensation of the left L4 and L5 dermatomes. Diagnoses: cervicgia, lumbar spine disc disease. Treatment plan and request: Fentanyl, Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85 and 88-89.

Decision rationale: This 58-year-old female has complained of low back pain and neck pain since date of injury, 11/2/2005. She has been treated with physical therapy, epidural steroid injections, and medications, including opioids, since at least 01/2010. The current request is for Fentanyl patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to assessment of functional improvement, with specific functional goals, return to work, random drug testing, opioid contract, and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, this request for Fentanyl patches is not indicated as medically necessary.