

Case Number:	CM14-0140102		
Date Assigned:	09/08/2014	Date of Injury:	01/21/2003
Decision Date:	11/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Practice, and is licensed to practice in California. 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:

42 yr. old female claimant sustained a work injury on 1/21/03 involving the low back. She was diagnosed with lumbar sprain and degenerative disc disease. She had been on Ultram and Fentanyl patches since at least February 2014. A progress note on 8/1/14 indicated the claimant had back and groin pain up to 4/10 with medications. Exam findings were notable for a positive straight leg raise and paraspinal spasms. She was continued on Ultram, Celebrex and Fentanyl 50 mcg patches every 48hrs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 50mcg/HR #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic patches Page(s): 44.

Decision rationale: The FDA-approved product labeling states that Duragesic (Fentanyl) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to the guidelines, it is not recommended as a first-line therapy. In this case, the claimant had been on Celebrex and Ultram

for pain. The claimant had been on Fentanyl for over 6 months with persistent pain and spasms. A pain medication agreement is not provided for long term use of Fentanyl. The continued use of Fentanyl is not medically necessary.