

Case Number:	CM14-0146481		
Date Assigned:	09/12/2014	Date of Injury:	09/04/2004
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 injured worker is a 60-year-old female who reported a work related injury on 09/04/2004 due to a slip and fall. The injured worker's diagnoses consist of chronic low back pain, lumbar spondylosis, lumbar degenerative disc disease, and radiculitis. The injured worker's past treatment has included medication, physical therapy, a fusion from L2-S1, and a lumbar epidural steroid injection. The injured worker had a lumbar fusion from L2-S1 in 2008 and a lumbar epidural steroid injection on 03/26/2014. The injured worker complained of continued pain in the lower back that would sometimes radiate to the right lower extremity and denies any numbness. The injured worker stated that the current strength of Butrans patch, at 10 mcg/hour, has not been helping with her pain at all. She continued to be in pain at night and was unable to sleep on her back. The injured worker also stated she was unable to sit and stand for prolonged periods of time due to her ongoing pain. Her quality of life has been effected due to her ongoing pain. The injured worker rated her overall pain as a 6/10 on the VAS pain scale. Upon the physical examination, it was noted that there was tenderness to the lumbar spine. The injured worker's medications included Tylenol, Butrans, and hydrocodone. The treatment plan consisted of increasing the injured worker's strength of Butrans patch at 15 mcg/hour for better pain control. A request was received for Fentanyl Patch 12mcg #10/ 30 days. The rationale for the request was not submitted. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12mcg #10/ 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing review and documentation of pain relief Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Fentanyl Patch 12mcg #10/ 30 days is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regards to the injured worker, she has been on chronic opioids for a number of years without specific documentation of functional improvement. Within the documentation, it was noted that the injured worker is currently prescribed a Butrans patch. It was also noted within the documentation that the injured worker's pain level has increased. However, there is no documentation of the patient's decline in function with the current medication dosage. Additionally, the documentation lacks evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. As a result of lack of evidence of continued opioid use, the necessity for a Fentanyl patch 12 mcg cannot be warranted. Furthermore, the documentation lacks significant pain relief, objective functional improvement, appropriate medication use, and side effects would need to be provided for review in order to consider the usage of a Fentanyl patch. As such, the request for Fentanyl Patch 12mcg #10/ 30 days is not medically necessary.