

Case Number:	CM14-0155693		
Date Assigned:	09/25/2014	Date of Injury:	10/08/1998
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 8, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for fentanyl patches. The claims administrator did not incorporate any guidelines into its rationale but did cite a variety of references at the bottom of the report, including non-MTUS Goodman & Gilman's Pharmacological Basis of Therapeutics, Physician's Desk Reference, and others. None of these guidelines, however, were incorporated into the report rationale. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, it was acknowledged that the applicant was off of work until April owing to ongoing complaints of 7/10 low back pain radiating to the leg. The applicant was asked to consult a neurosurgeon. The attending provider wrote that the applicant was working regular duty and currently working, in another section of the note, somewhat incongruously. The applicant was still smoking. The applicant was using Norco, losartan, Soma, and Duragesic. It was stated that the medications were allowing the applicant to continue current exercise regimen. In a November 16, 2011 medical-legal evaluation, the applicant was given a diagnosis of knee arthritis, bilateral. The applicant was apparently working regular duty as a forklift driver as of that point in time, it was acknowledged. The remainder of the file was surveyed. It did not appear that the September 10, 2014 request for authorization (RFA) form and/or associated progress notes of August 8, 2014 were incorporated into the Independent Medical Review packet. The claims administrator stated in its report rationale that the applicant was continuing to work as a forklift driver. The claims administrator stated that the applicant was "obviously dependent/addictive" to fentanyl. In an

applicant questionnaire dated September 24, 1999, the applicant stated that he was working full time as a seasonal worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fentanyl Patch 50 mcg/hr one patch every 48 hours (15 per month): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Goldman and Gillan's The pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th Ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and is apparently maintaining full-time work as a seasonal worker, it has been suggested on several occasions, referenced above. The applicant's ability to perform home exercises has been apparently facilitated as a result of ongoing medication usage, including ongoing opioid usage with fentanyl. The information which is on file, thus, does support the proposition that the applicant is improving with ongoing fentanyl usage, although it is acknowledged that the more recent August and September 2014 progress notes and RFA forms made available to the claims administrator were not incorporated into the Independent Medical Review packet. Again, however, the historical information does seemingly support the proposition that the applicant did improve with ongoing fentanyl usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.