

Case Number:	CM14-0160401		
Date Assigned:	10/06/2014	Date of Injury:	11/01/2000
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas to Ohio. 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 63-year-old female who reported an injury on 11/01/2000 due to an injury to her back which she received while pulling a binder from an upper level bookshelf. The injured worker has diagnoses of cervical disc displacement without myelopathy, degeneration lumbar/lumbosacral disc displacement, stenosis of the spinal lumbar, lumbar disc displacement without myelopathy, lumbago, and fibromyalgia. Past medical treatment consists of physical therapy, ESIs, discograms, lumbar facet blocks, and medication therapy. Medications consist of Elavil, fentanyl patch, docusate sodium, pantoprazole, Ambien, Carisoprodol, and hydrocodone/APAP. On 03/19/2014, the injured worker underwent a urinalysis which showed that she was compliant with her prescription medications. On 09/29/2014, the injured worker complained of chronic low back pain. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 40% with flexion, 50% with extension, and 40% with rotation bilaterally. Sensations are decreased to light touch along the left lower extremity compared to the right lower extremity. Motor strength was 5/5 in bilateral lower extremities. Clonus was negative bilaterally. Straight leg raise was negative bilaterally. The current medical treatment plan is for the injured worker to continue use of fentanyl patches. The provider feels that with the increase of therapy, the fentanyl patches are necessary to help manage pain level. The Request for Authorization form was submitted on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 100 MCG/HOUR PATCH #10 (RX 08/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) ,ongoing management,opioid dosing Page(s): 44,78,86.

Decision rationale: The request for fentanyl 100mcg/hour patch #10 (RX 08/25/14) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The submitted documentation did not indicate that the injured worker had improvement with any functional deficits with the use of fentanyl patches. There was also no mention of any adverse side effects the injured worker might or might not be having. The report submitted indicated that the injured worker underwent a UA on 03/19/2014 showing that they were compliant with their medications. However, there was no submitted documentation of an assessment on what pain levels were before, during, and after the medication. Furthermore, the efficacy of the medication was not submitted for review, nor did the request as submitted indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.