

Case Number:	CM14-0180664		
Date Assigned:	11/05/2014	Date of Injury:	12/12/2002
Decision Date:	12/16/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 66 year old female who was injured on 12/12/2002. The diagnoses are status post lumbar laminectomy, thoracic and lumbar pain. There are associated history of myofascial pain, peripheral neuropathy and fibromyalgia. The MRI of the thoracic spine showed mild degenerative changes. The patient is also status post Nissen fundoplication and was diagnosed with Barret's esophagus secondary to NSAIDs overuse. On 8/7/2014, [REDACTED] noted subjective complaint of pain in the thoracic spine area. The pain was rated at 4-5/10 on a scale of 0 to 10. There was associated complaint of persistent nausea. There was objective finding of tenderness over the paraspinal thoracic, lumbar spines and sacroiliac joints. The patient is physically active, walks about 2 miles daily and works as a massage therapist. The UDS was reported as consistent. The medications are Fentanyl patch 100mcg/hr. 1 patch q 48 hours. The patient is also utilizing diazepam to treat muscle spasm. There was report of unspecified unpleasant effect from the use of various neuropathic medications. The average pain scores in the medical records was 3/10 on a scale of 0 to 10. A Utilization Review determination was rendered on 10/20/2014 recommending non certification for Fentanyl patches 100mcg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that is non responsive to treatment or the patient cannot tolerate standard NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia state and adverse interaction with other sedatives and medications. The records indicate that the patient did not show subjective, objective or radiological reports consistent with severe painful state. The patient is physically active with below average pain scores. There are co-existing symptomatic neuropathy, insomnia and muscle spasm that can be management by multisystem approach of PT and neuropathic medication. The records did not show that the patient failed these guideline recommended first line standard treatments. The use of high dose opioid with benzodiazepines is associated with increased risk of adverse effects in the elderly. The guidelines recommended that patients on high dose opioids who are utilizing other sedatives or have psychosomatic disorders be referred to Multidisciplinary Pain centers or Addiction specialists for safe weaning of opioids medications. The criteria for the use of Fentanyl 100mcg/hr. 15 was not met.