

Case Number:	CM14-0087953		
Date Assigned:	07/23/2014	Date of Injury:	09/16/2007
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 California and Nevada. 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 40 year old female injured on 09/16/07 when she was bumped by a fellow coworker resulting in a fall to the floor landing on her buttocks. The injured worker underwent lumbar spine fusion in 06/12 with ongoing post-operative lumbar spine pain. The injured worker underwent second injection to the left hip on 03/10/14 with moderate pain relief. Documentation indicated the injured worker had multiple concomitant issues including gastrointestinal and urologic issues. Clinical note dated 05/21/14 indicated the injured worker presented complaining of chronic neck, back, and hip pain. The injured worker reported following left hip injection on 03/10/14 she continued to have decrease in pain and no longer had stabbing sharp pain in the left hip. The injured worker rated her pain 6/10 on VAS with increased ability to sleep on the left side. Physical examination revealed antalgic gait, tenderness to palpation of the left hip, and normal muscle tone without atrophy to all extremities. Medications included lactulose, Lidoderm patch, Neurontin 300mg two tablets TID, pantoprazole BID, Senokot two tablets QHS, fentanyl 12mcg/hour Q48 hours, and bupropion 115mg QD. The injured worker was prescribed diclofenac sodium 1.5% 60g TID, fentanyl 12mcg/hour Q48 hours, and fentanyl 25mcg per hour Q48 hours. The initial request for fentanyl 25mg/hr patch #15 was non-certified on 06/04/14 based on incorrect dose and prior discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 25MG/ HR PATCH #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal page 93, Opioids, California Controlled Substance Utilization Review and Evaluation Systems page 76, Opioids, pain treatment agreement page 89, Opioids for chronic pain, recommendations for general conditions page 80, Opioids, criteria for use page 78, When to discontinue opioids pages 79-80 and opioids for chronic pain page 81 Page(s): 76, 78, 79-80, 81, 89 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted in the previous UR, the request for fentanyl 25mg/hr is an incorrect or inappropriate dosage request. Fentanyl transdermal delivery is provided in mcg/hr. Additionally, the documentation indicated the 25mcg/hr dosage was previously discontinued and 12mcg/hr initiated. As such, fentanyl 25mg/ hr patch #15 cannot be recommended as medically necessary at this time.