

Case Number:	CM14-0094326		
Date Assigned:	09/12/2014	Date of Injury:	07/14/2008
Decision Date:	10/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 injured worker is a 30-year-old male who reported an injury on 07/14/2008. Reportedly, he slipped off a rung on a ladder and fell. On 09/04/2014, the diagnoses were lumbosacral spondylosis without myelopathy, nonalopathic lesion of the sacral region, disorders of the sacrum, degeneration of the lumbosacral intervertebral discs, lumbar radiculopathy, and low back pain. The injured worker reported constant aching of the lumbar spine with pain shooting to the right lower extremity. There was no numbness or tingling to the legs. Upon examination, there was painful decreased range of motion of the lumbar spine with a positive right sided straight leg raise. The injured worker reported 5/5 strength bilaterally. Current medications included Fentanyl, Opana, Gabapentin, and Tizanidine. The provider recommended Fentanyl and Hydrocodone/Acetaminophen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr transdermal patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Page(s): 44..

Decision rationale: The request for Fentanyl 50 mcg/hr transdermal patches #15 is not medically necessary. The California MTUS does not recommend Fentanyl for first line therapy. The FDA approved product labeling states that Fentanyl 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 is lack of documentation that the injured worker had failed a trial of a first line therapy and that the injured worker is recommended for continuous opioid analgesia for pain that cannot be managed by any other means. As such, medical necessity has not been established.

Hydrocodone/Acetaminophen 10/325mg #50: Upheld

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

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

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325 mg #50 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse, behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.