

Case Number:	CM14-0177711		
Date Assigned:	10/31/2014	Date of Injury:	07/17/2009
Decision Date:	10/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on July 17, 2009. A primary treating office visit dated October 13, 2014 reported subjective complaint of "doing about the same", "unable to receive pain medications due to being prescribed." The objective assessment reported "ongoing low back pain down both legs." He was diagnosed with the following: chronic lumbar spine pain and lumbar radiculopathy. The plan of care noted involving prescribing: Fentanyl 50 mcg, and Norco 10mg 325mg. Primary treating follow up dated April 18, 2014 reported current medication regimen consisting of: Fentanyl 100 mcg; Fentanyl 25 mcg; and Norco 10mg 325 mg. Primary follow up dated May 15, 2014 reported medications regimen consisting of: Fentanyl 100 mcg and 25 mcg, Norco 10mg 325mg, Gabapentin, naproxen, and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in July 2009 and is being treated for chronic radiating low back pain. Medications have included Fentanyl and Norco at a total MED (morphine equivalent dose) of over 300 mg per day. On this dose, he was doing better with pain control. When seen, there was a slow, antalgic gait with lumbar tenderness and positive straight leg raising. Fentanyl and Norco were prescribed. The total MED was now 169 mg per day. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Despite total MED dosing well in excess of the recommended 120 mg per day, there is no documentation that medications have provided decreased pain through reported VAS scores, an increased level of function, or improved quality of life. Although the dose was decreased, further weaning was not being actively being planned. Continued prescribing at this dose was not medically necessary.