

Case Number:	CM14-0190076		
Date Assigned:	11/21/2014	Date of Injury:	06/29/2000
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of January 14, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychotropic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. The claims administrator reportedly denied a request for Fentanyl through the Utilization Review (UR) process. The text of the Utilization Review Report did not, however, appear to have been incorporated into the Independent Medical Review packet. In an October 15, 2014 progress note, the applicant reported 9/10 low back pain radiating into the bilateral lower extremities. The applicant was using a variety of medications, including Norco, Nexium, Lidoderm, Lyrica, Lunesta, Lactulose, Prozac, Colace, Skelaxin, and Nucynta, it was acknowledged. In another section of the report, it was stated that the applicant was using Duragesic as well. The note was difficult to follow and mingled old complaints with current complaints. Norco and Desyrel were apparently refilled. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant reported difficulty with walking and other repetitive activities. In a progress note dated October 10, 2014, the applicant again reported severe low back pain radiating into lower extremities, 10/10. The applicant was using Norco twice to thrice daily. The applicant reported heightened complaints of anxiety and psychological stress. Norco, lactulose, Duragesic, Lunesta, Nexium, Prozac, lidocaine, Lyrica, and Skelaxin were all apparently refilled. The note was somewhat difficult to follow and mingled old complaints and current complaints. Work restrictions were renewed, although, once again, it was not clearly outlined whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mg, ten count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. The applicant's work has not been clearly outlined, although it does not appear that the applicant is working. The applicant was described on several office visits, referenced above, on October 2014, as exhibiting pain complaints in the 9-10/10 range. The attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing Fentanyl (Duragesic) usage. The applicant was, furthermore, having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Duragesic usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.