

Case Number:	CM14-0212058		
Date Assigned:	01/02/2015	Date of Injury:	05/25/1989
Decision Date:	03/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 05/25/1989. The date of the utilization review under appeal is 11/19/2014. The patient's treating diagnoses include a lumbar post-laminectomy syndrome and lumbar intervertebral disc disease. On 09/11/2014, the patient was seen in primary treating physician followup regarding chronic low back pain. The treating physical medicine and rehabilitation provider discussed this patient's initial injury while lifting a machine at work and noted the patient continued with Duragesic 25 mcg per hour and was not having side effects from the medication. The patient was noting occasional shooting pain in the left foot with occasional numbness in the left leg. Transfers and gait were normal. Straight-leg raising was negative bilaterally. Treating physician felt that aberrant behavior was not present and noted the patient was doing well with current medications and that the patient remained active and had a low level of pain and continued to provide care and assistance to his wife.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg #10 with 1 refill: 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 Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. These guidelines emphasize that the lowest possible dose should be prescribed to improve pain and function. While the treating physician does discuss benefits of opioids, including caring for his wife, overall the guidelines recommend non-opioid treatment of chronic low back pain whenever possible. It is not clear what non-opioid alternatives have been tried, and it is not clear that this patient continues to require the dosage provided of opioids at this time. Overall, the 4 A's of opioid management have not been met. This request is not medically necessary.