

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0012877 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/15/1997 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained a work related injury on 09/15/1997. According to a pain management progress report dated 12/19/2014, chief complaint was cervical and thoracic radiculopathy. Pain was located in the cervical, upper extremities and low back. Current and previous pain rating on a good day was 7 on a scale of 1-10. Current pain rating on a bad day was 8 and on previous was a 9. Medications included Acetaminophen, Lyrica, Fentanyl, Advair, Hydrochlorothiazide, Levothyroxine, Singulair, and Nexium. Diagnoses included degenerated disc disease cervical, degenerated disc disease thoracic, radiculopathy, cervical radiculopathy, lumbar radiculopathy, lumbar disc herniation L3-L4, L4-L5 and L5-S1 and stenosis lumbar spine. Treatment plan included Fentanyl Patch 50 mcg/hour one patch every 72 hours, Lyrica increased to 75 mg by mouth three times a day, continue home exercise program and follow up in 8 weeks. The injured worker was permanent and stationary. Prognosis was fair. The Fentanyl dosage was the same from a previous visit on 08/26/2014. On 12/31/2014, Utilization Review non-certified Fentanyl 50mcg #10. According to the Utilization Review physician, the past review indicated that the injured worker was to start weaning Fentanyl and there had been no additional finding reported that would substantiate the continued use of this medication. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Duragesic. The decision was appealed for an Independent Medical Review.

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 Treatment Guidelines Criteria for ongoing Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 15, 1997. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve request for fentanyl (Duragesic). The applicant and/or applicant's attorney subsequently appealed. In a handwritten statement seemingly in this dated 'January 19, 2014,' the applicant stated that fibromyalgia was her primary pain generator. The applicant stated that her pain levels were reduced following introduction of fentanyl patch. The applicant stated that she has issues with Barrett's esophagitis, which was making it difficult for her to swallow other medications. The applicant stated that she was using fentanyl patches, Lyrica, and stimulator of some kind. The applicant seemingly stated that she has lost 80 pounds. The applicant stated at the bottom of the report that she could not return to work. On December 19, 2014, the applicant reported multifocal complaints of neck pain, low back pain, bilateral upper extremity pain, 7 to 9/10. The applicant stated that exposure to cold weather and walking were particularly problematic. The applicant's medications included Lyrica, Duragesic, Tylenol, Advair, hydrochlorothiazide, Levoxyl, Singulair, and Nexium. The applicant's BMI was 26. The applicant was given refills of fentanyl and Lyrica. The applicant was asked to continue using her spinal cord stimulator. Permanent work restrictions were renewed. The attending provider acknowledged that the applicant's prognosis was only fair. REFERRAL QUESTIONS: 1. No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is no longer working, she herself acknowledged in her seemingly misdated letter of 'January 19, 2014.' The applicant continued to report pain complaints as high as 7 to 9/10, the treating provider reported on December 19, 2014. On that date, the applicant was having difficulty performing activities of daily living as basic as walking. All of the foregoing, taken together, did not make a compelling case for continuation of Duragesic (fentanyl). Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 80 When to Continue Opioids topic.