MAXIMUS Federal Services

Case Number:	CM15-0013824		
Date Assigned:	02/02/2015	Date of Injury:	05/14/1998
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 5/14/1998. The injured worker has complaints of back pain that radiates t left lower extremity and associated with burning pain. The diagnoses have included chronic pain syndrome; post-laminectomy syndrome, lumbar region and lumbosacral spondylosis without myelopathy. Treatment to date has included rest; physical therapy; first lumbar spinal surgery that did not help her; second lumbar spinal surgery with some improvement which did not last long; anterior and posterior fusion instrumentation; epidural steroid injections, interlaminar approach through the scar tissue; caudal injections; psychotherapy and medications. According to the utilization review performed on 1/14/15, the requested Fentanyl patch 25mcg/hr has been non-certified. CA MTUS "Fentanyl transdermal (Duragesic, general available) and chronic pain were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg/hr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46; 75-94.

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

Decision rationale: MTUS Guidelines support the careful use of Opioids when the is no evidence of misuse, there is pain relief and function is supported by use. The treating physician details the lack of misuse via frequent medication counts, Cures review and risk screening. Pain relief is generally reported to be 5/10 vs. 8/10 without meds. Daily functional activities are reported to be supported, but this is not quantified. Although the documentation is not "perfect" there is adequate support to consider the Fentanyl patch 25mcg/hr consistent with Guidelines. It is medically necessary.