

Case Number:	CM15-0014776		
Date Assigned:	02/02/2015	Date of Injury:	12/07/1993
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 injured worker is a 64-year-old male who reported an injury on 12/07/1993. The mechanism of injury was the injured worker was in an explosion at a maintenance yard due to a leaky valve on a propane tank. The diagnoses included lumbar degenerative disc disease and lumbosacral spondylosis without myelopathy. Prior treatments included physical therapy, heat, ice, medications, steroid injection, and a home exercise program. The injured worker underwent a lumbar facet injection bilaterally at L3-4 and L4-5, and a shoulder surgery in 2004. The documentation of 01/08/2015 revealed the injured worker had symptoms that were increasing. The symptoms were alleviating by injections and medication. The injured worker was in the office post bilateral lumbar foraminal injection and had 90% to 100% relief with the pain procedure and the injection was still holding. The injured worker indicated he was pleased with the result. The injured worker's medications included fentanyl 12 mcg per hour transdermal patch. The treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly Refills Of Transdermal Fentanyl Patch 12.5mcg #10 - 1 Month Supply, 1 Patch Every 72 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant behavior and side effects. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 6 refills without re-evaluation. Given the above, the request for 6 monthly refills of transdermal fentanyl patch 12.5mcg #10 - 1 month supply, 1 patch every 72 hours is not medically necessary.