

Case Number:	CM15-0015131		
Date Assigned:	02/03/2015	Date of Injury:	01/31/2006
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii
 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:

This 50 year old male sustained a work related injury on 01/31/2006. According to the most recent progress report submitted for review, the injured worker complained of increased pain over the past month to the low back, neck and right shoulder. Diagnoses included postlaminectomy syndrome lumbar region, pain in joint ankle and foot, lumbago, degenerative lumbar/lumbosacral intervertebral disc, cervicgia, degenerative cervical intervertebral disc. According to the provider a urine drug screen was consistent. The treatment plan included Opana ER, Lyrica, Cialis, Ambien, Flector Patch, Fortesta, Nexium, Amitiza, Celebrex, Maxalt and Percocet. On 12/29/2014, Utilization Review modified pharmacy purchase of Fentanyl dis 25mcg/hour #10. According to the Utilization Review physician, medical necessity was not in the presented documentation. There was no clinical documentation submitted. CA MTUS and Official Disability Guidelines were referenced. 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:

Pharmacy purchase of Fentanyl dis 25mcg/ hr #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with increased pain over the past month to the low back, neck and right shoulder. The current request is for Pharmacy purchase of Fentanyl dis 25mcg/hr #10. UR modified the request and certified 25mcg/hr #5 because there was no clinical documentation for their review and to avoid an abrupt withdraw. Fentanyl is an opioid medication. The clinical history provided for IMR again fails to provide the treating physician records pertinent to the request. The MTUS guidelines recommend Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS page 78 for opioids states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, there is no documentation provided regarding the patient's pain levels and/or functional improvement with Fentanyl usage. MTUS requires much more thorough documentation of a patient's response to opioid medications to support ongoing usage. The current request is not medically necessary and the recommendation is for denial.