

Case Number:	CM15-0113436		
Date Assigned:	06/19/2015	Date of Injury:	07/14/1998
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 injured worker is a 53 year old female, who sustained an industrial injury on 7/14/1998. The current diagnoses are failed back surgery syndrome, migraines, left knee osteoarthritis, sacroiliitis, myofascial spasm, anxiety, and short/long acting opioid use. According to the progress report dated 5/15/2015, the injured worker reports that "it hasn't been good". Per notes, she is gardening and going outside, but with her increased activity her pain is also increasing. She rates her current pain 7.5/10 on a subjective pain scale. The current medications are Fentanyl patch, Dilaudid, Flonase, Flexeril, and Voltaren gel. Urine drug screen from 4/15/2015 was inconsistent. Treatment to date has included medication management, sacroiliac joint injection, medial branch radiofrequency ablation, and surgical intervention. The plan of care includes prescriptions for Fentanyl and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Lyrica 25mg #85: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 16-18.

Decision rationale: MTUS recommends the use of anti-epileptic medication for neuropathic pain as in this case. A prior physician review reached the same conclusion but a typographical error changed the final determination. The request is medically necessary.