

Case Number:	CM15-0113506		
Date Assigned:	06/19/2015	Date of Injury:	10/01/1999
Decision Date:	07/20/2015	UR Denial Date:	06/09/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 10/1/99. The injured worker has complaints of low back pain and lower extremities pain with electrical burning pain with numbness and tingling with weakness. The injured worker also complains of pain over the cervical spine and headaches. Examination of the lumbar spine revealed tenderness to palpation from L4 to S1 (sacroiliac) with 1 to 2+ spasms and he has positive straight leg raise bilaterally at 40 degrees. The diagnoses have included cervical spine sprain/strain with reports of cervical spinal stenosis and upper extremity radicular symptoms; lumbar spine sprain/strain with multilevel lumbar disc protrusions at L2-L3, L3-L4, L4-L5 and L5-S1 (sacroiliac), there is impingement of the L2, L3, L4 and L5 nerve roots within the neuroforaminal bilaterally and bilateral lower extremity radicular symptoms. Treatment to date has included gabapentin for neuropathic pain; fentanyl for baseline pain; epidural injections and physical therapy. The request was for fentanyl 25mcg/hour #15 and percocet 10/325mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Oxycodone other short acting opioids. The claimant had been on the medications for months. The claimant had 50% pain improvement with Fentanyl but still needed ESI for pain relief which provided 80% relief. The total pain relief needed/provided does not calculate and the continued use of Fentanyl is not medically necessary.

Percocet 10/325mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Fentanyl which provided 50% pain improvement but still needed ESI for pain relief which provided 80% relief. The total pain relief needed/provided does not calculate. Prior use of Percocet was not needed indicated increasing tolerance to opioids. In addition, failure of Tylenol, NSAIDS or Tricyclics was not mentioned. The Percocet is not medically necessary.