

Case Number:	CM15-0124433		
Date Assigned:	07/08/2015	Date of Injury:	01/11/1985
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 11, 1985. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for fentanyl (Duragesic). The claims administrator referenced a June 8, 2015 RFA form and an associated progress note of June 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a letter dated June 10, 2015, the applicant personally appealed. The applicant stated that he was still living in chronic pain. The applicant stated that the unfavorable Utilization Review (UR) determinations were "effectively circumventing the stipulated award he had received in September 1996". In a June 2, 2015 progress note, the applicant reported ongoing complaints of mid and low back pain. The applicant had apparently received a recommendation to pursue further spine surgery, it was reported. The applicant had already had four prior spine surgeries, it was reported. The attending provider posited that the applicant's medications were allowing him to do some unspecified chores around the home but acknowledged that the applicant was unable to do all of his activities of daily living owing to heightened pain complaints. The applicant was using OxyContin, methadone, Lidoderm patches, lithium, Wellbutrin, and Ritalin, it was reported. The applicant had had recent pharmacogenetic testing, it was reported. Oxycodone, methadone, and fentanyl were all prescribed and/or renewed on this date. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On March 30, 2015, the applicant was described using OxyContin, methadone, and Duragesic patches. An epidural steroid injection was performed. The applicant

was described as having issues with opioid tolerance. Once again, the applicant's work status was not reported. On April 27, 2015, the applicant reported severe thigh pain and difficulty with prolonged standing or walking activities. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; When to Continue Opioids Page(s): 78; 80.

Decision rationale: No, the request for fentanyl, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the applicant was described as using two separate long acting opioids, OxyContin and fentanyl (Duragesic), on March 31, 2015. A clear or compelling rationale for concurrent usage of long acting opioids was not set forth by the treating provider. The applicant likewise seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not reported on office visits of June 2, 2015, March 31, 2015, or April 27, 2015, strongly suggesting that the applicant was not working. While the attending provider did suggest on April 27, 2015, the applicant did derive some analgesia from ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and/or the attending providers continued reports that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking owing to poor pain control. Therefore, the request is not medically necessary.