

Case Number:	CM15-0126217		
Date Assigned:	07/10/2015	Date of Injury:	04/04/2003
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 58 year old male, who sustained an industrial injury on 04/04/2003. The injured worker is currently not working. The injured worker is currently diagnosed as having thoracic facet arthropathy, chronic pain, lumbar radiculitis, lumbar radiculopathy, status post lumbar spine fusion, anxiety, depression, diabetes, tobacco dependent, coronary artery disease, history of pulmonary embolism secondary to deep vein thrombosis, severe peripheral vascular disease awaiting surgical intervention, and severe ischemic pain bilateral lower extremities uncontrolled with high dose opioids and in need of urgent vascular surgeon evaluation and treatment. Treatment and diagnostics to date has included chiropractic treatment, home exercise program, failed Suboxone detoxification in the past and failed weaning of opioids, and medications. In a progress note dated 05/27/2015, the injured worker presented with complaints of neck pain that radiates down left upper extremity, low back pain that radiates down the bilateral lower extremities, and lower extremity pain in bilateral hips and legs. Pain is noted as 3/10 in intensity on average with medications since last visit and as 10/10 in intensity on average without medications since last visit. Objective findings include tenderness to thoracic and lumbar paravertebral areas. The progress note states that the injured worker's prior urine drug test showed an inconsistency of an unexplained controlled medication in the urine but was determined it was Methadone, which is not noted in as being prescribed. The treating physician reported requesting authorization for Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic; Fentanyl; Opioids Page(s): 44; 47; 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, there is no documentation risk assessment profile or an updated and signed pain contract between the provider and the patient. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.