

Case Number:	CM15-0026680		
Date Assigned:	02/19/2015	Date of Injury:	06/14/2005
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 14, 2005. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for fentanyl (Duragesic). The claims administrator referenced a January 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated June 25, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. The note was very difficult to follow. No discussion of medication efficacy transpired on this date. On November 10, 2014, the applicant was, once again, placed off of work, on total temporary disability owing to ongoing complaints of neck pain. The note, once again, was sparse, handwritten, difficult to follow, and not entirely legible. Medication selection and medication efficacy were not discussed. On December 9, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of neck and shoulder pain. Again, no discussion of medication efficacy transpired on this date. On February 3, 2015, Norco and Duragesic were renewed, again without any explicit discussion of medication efficacy.

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 75mcg.hr #15 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Duragesic (fentanyl) usage. The attending provider's handwritten progress notes of later 2014 and early 2015 did not include any explicit discussion of medication efficacy. The attending provider failed to outline any meaningful or material improvements in function (if any) achieved as a result of ongoing Duragesic (fentanyl) usage. Therefore, the request was not medically necessary.