

Case Number:	CM15-0068386		
Date Assigned:	04/16/2015	Date of Injury:	08/02/2000
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 69 year old female, who sustained an industrial injury on 08/02/2000. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbar degenerative disc disease L4-L5 and L5-S1, lumbar radiculopathy, bilateral sacroiliac joint dysfunction and lumbar facet arthrosis at L5-S1. Treatment to date has included oral and topical pain medication, sacroiliac joint injection, application of heat and ice and a home exercise program. In a progress note dated 02/21/2014, the injured worker reported that low back pain was stable with no changes and that medications were of benefit. Objective findings were notable for tenderness and tightness across the lumbosacral area, reduced range of motion, positive Patrick's examination and tenderness of the left internal/external rotation of the hip. A request for authorization of a Fentanyl patch was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg/hr #10 to skin every 72 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 & 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain rated 7-8/10 with and 10/10 without medications. The request is for FENTANYL PATCH 50MG/HR #10 TO SKIN EVERY 72 HOURS. Patient's diagnosis per Request for Authorization form dated 03/13/15 includes lumbar degenerative disc disease. Treatment to date has included sacroiliac joint injection, application of heat and ice, home exercise program and medications. Patient's current medications include Fentanyl Patch, Lidoderm patch, Celebrex and Cymbalta. The patient is applying for retirement, per 02/21/15 treater report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Fentanyl Patch has been included in patient's medications, per treater reports dated 04/29/14, 11/21/14, and 03/13/15. Per 03/13/15 progress report, treater states "Chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living... [the patient] continues to take medication with benefit and denies any bowel or bladder dysfunction," and no reported side effects. In this case, treater has not stated how Fentanyl patch reduces pain and significantly improves patient's activities of daily living. Analgesia has been addressed with pain scales, but no validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding ADLs, aberrant behavior, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.