

Case Number:	CM15-0077477		
Date Assigned:	04/28/2015	Date of Injury:	10/25/2009
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/22/2015

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: Emergency 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 injured worker is a 39-year-old female, who sustained an industrial injury on 10/25/2009. She reported an injury to her lumbar spine when she fell off a ladder. Diagnoses have included pain in lower leg joint and lumbar disc displacement without myelopathy. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and medication. According to the progress report dated 3/9/2015, the injured worker complained of chronic back, neck and lower extremity pain. The injured worker reported that she started Fentanyl 12mcg/hr patches. She stated that she was not sure yet if it was enough to cover her pain. She had only used one patch so far. Physical exam revealed decreased range of motion of the left hip. The injured worker did have more pain with internal rotation. Current medications included Lidoderm patches, Nabumetone-Relafen and Trazodone. The treatment plan was to have the injured worker utilize the Fentanyl 12mcg/hr patches for one more week, then increase to two patches. Authorization was requested for Fentanyl 25mcg/hr patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Fentanyl 25mcg/hr patch #10, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic back, neck and lower extremity pain. The treating physician has documented decreased range of motion of the left hip. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Fentanyl 25mcg/hr patch #10 is not medically necessary.