

Case Number:	CM14-0110447		
Date Assigned:	08/01/2014	Date of Injury:	01/06/2002
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with an injury date of 01/06/02. Per the 05/15/14 report, the patient presents with chronic pain of the lumbar spine. Examination reveals spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Antalgic gait is present and he has difficulty sitting on the examining chair. A cane is used to assist ambulation. Decreased sensation is noted in L5 and S1 dermatomal distribution bilaterally. The patient's diagnoses include: 1. Lumbosacral radiculopathy. 2. History of spinal cord stimulator implantation (date unknown). 3. Dysfunctional spinal cord stimulator. 4. Depression and anxiety. 5. History of intractable lumbar pain. Medications are listed as Senokot, Fentanyl patches, MSIR, Zanaflex, Cymbalta, and temezepam. The utilization review being challenged is dated 06/10/14. Treatment reports were provided from 11/27/13 to 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Disc 75mcg/hr #15 Supply 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,95,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88, 89, 78.

Decision rationale: The patient presents with chronic pain of the lumbar spine. The treater requests for Fentanyl (an opioid) Disc 75 mcg/hr #15, Supply 30. Per the 11/27/13 report, Fentanyl patch was a continuing medication. MTUS Guidelines pages 88 and 89 state, "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. The 03/20/14 report does discuss the need for detoxification, and notes the patient has no side effects, the medication helps maintain functional capacity, and he is not exhibiting drug seeking behavior. However, the provided reports do not assess pain on a numerical scale or validated instrument. There is no discussion of pain assessment or outcome measures per the above requirements. No specific ADL's are mentioned to show a significant improvement with the use of this medication. The request is not medically necessary.