MAXIMUS Federal Services

Case Number:	CM13-0020675		
Date Assigned:	10/11/2013	Date of Injury:	01/19/2001
Decision Date:	04/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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 and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 01/19/2001. The mechanism of injury was not provided. The patient was noted to be taking Duragesic in late 2012. The documentation submitted with the request, indicated that the patient's quality of sleep was fair, and the activity level remained the same. The patient indicated that the medications were working well, and the side effects of the medication included constipation. The patient's medications were noted to be Zanaflex, Duragesic, docusate sodium, Neurontin, Ambien, Voltaren, Wellbutrin XL, omeprazole, MiraLAX and Senokot. The medication noted to be ineffective was Rozerem. The patient's diagnoses were noted to include shoulder pain and cervical pain, as well as postcervical laminectomy syndrome. The request was made for Duragesic patches for long-acting pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 12MCG/HR PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC (FENTANYL) AND ONGOING MANAGEMENT Page(s): 44, 78.

Decision rationale: The Chronic Pain Guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, objective decrease in the visual analog scale (VAS) score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient had been utilizing the medication since 2012. The clinical documentation submitted for review failed to indicate that the patient had trialed and failed a first-line therapy. There was a lack of documentation indicating an objective increase in function and an objective decrease in the VAS score. The patient was noted to have side effects from the medications. There was a lack of documented evidence that the patient was being monitored for aberrant drug behavior. Given the above, the request for Duragesic 12 mcg/hr patch #10 is not medically necessary.
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