MAXIMUS Federal Services

Case Number:	CM13-0035674		
Date Assigned:	12/13/2013	Date of Injury:	01/31/2001
Decision Date:	02/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 63-year-old female who reported an injury on 01/31/2001. The mechanism of injury was not provided in the medical records. She has been diagnosed with chronic pain syndrome; sacroiliitis; postlaminectomy syndrome of the lumbar region; degeneration of the lumbar intervertebral discs; lumbosacral spondylosis without myelopathy; spasm of the muscle; cervical spondylosis without myelopathy; and pain in joint, pelvic region, and thigh. The patient's medications were noted to include Norco 10/325 mg, Fentanyl 25 mcg patches every 72 hours, aspirin, Flector patches, Aleve, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) patches of Fentanyl 25mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DuragesicÂ® (fentanyl transdermal system) Page(s): 44.

Decision rationale: The California MTUS Guidelines state that Duragesic Fentanyl transdermal patches are not recommended as a first-line therapy. They further state that 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 medications. Additionally, the guideline state that for the ongoing management of patients taking opioid medications, ongoing review and detailed documentation of pain relief, functional status, appropriate medication use, side effects, and the 4 A's for ongoing monitoring is required. The clinical information submitted for review stated that the 4 A's of ongoing monitoring have been reviewed with the patient. However, the clinical information does not have documentation regarding the patient's history of medications prior to using Fentanyl patches. Fentanyl Duragesic patches are only recommended for patients with chronic pain who could not be managed by other medications. In the absence of documentation regarding the patient's failure of first-line analgesics, the request is not supported. Additionally, the patient is noted to be taking Norco 10/325 mg; however, the frequency of use is not provided within the medical records. Therefore, the patient's current morphine equivalent dosage of opioids is unknown. With the absence of this detailed documentation, the request is not supported. For these reasons, the request is non-certified.