

Case Number:	CM13-0053215		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2001
Decision Date:	05/09/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Practice 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 injured worker is a 50-year-old female who reported injury on 10/21/2001. The mechanism of injury was not provided. The documentation indicated the injured worker had been on the medication fentanyl for greater than 6 months. The documentation of 09/16/2013 revealed the injured worker continued to get improvements in pain and function with medications. Pain level with the medications was 3/10, and without medications, it was 10/10. The pain level with medications was 5/10 and without medications 10/10. The injured worker was noted to have an opiate agreement on the chart. Subsequent documentation dated 10/01/2013 revealed that the injured worker's medications were being decreased appropriately, and as the injured worker tolerated it. Additionally, it was indicated the physician was attempting to decrease the injured worker's Oxycodone as well. The diagnosis included joint pain in the shoulder, lumbar radiculopathy, myalgia and myositis NOS, and postlaminectomy syndrome of the lumbar region. A request was made for 2 months' refills of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ENTANYL DOSAGE: 50MCG/HR PATCH 72 HR SIG: APPLY 1 PATCH EVERY 48
 YOUR DISPENSE: 15 TO ALLOW THE PATIENT TWO REFILLS OF FENTANYL 50
 MCG/HR PATCH #15 FOR THE PURPOSE OF WEANING WITH THE WEANING
 SCHEDULE AT THE PHYSICIAN'S DISCRETION: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic(Fentanyl), Ongoing Management Page(s): 44,78.

Decision rationale: The California MTUS 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, an objective decrease in the VAS score, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in the VAS score and evidence that the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective improvement in function to support ongoing usage and the necessity for 2 refills of the medication. The request for Fentanyl, dosage: 50 mcg/hr patch 72 hr sig, apply 1 patch every 48 hours; dispense: 15 to allow the patient 2 refills of Fentanyl 50 mcg/hr patch #15 for the purpose of weaning with the weaning schedule at the physician's discretion, is not medically necessary and appropriate.