

Case Number:	CM13-0060212		
Date Assigned:	12/30/2013	Date of Injury:	11/12/1996
Decision Date:	03/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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:

This 55 year-old male sustained an injury on 11/12/96. Requests under consideration include Duragesic patches 50mcg. Diagnoses included post-operative chronic neck pain; status post 2 level cervical fusion in 2002. The report from 10/2/13 noted that the patient was out of medications as the Duragesic patches were denied at the pharmacy. He is having significant neck pain and was using Duragesic 50mcg every 2 days and Norco two tablets daily. No physical exam was documented. A report from 10/31/13 noted that the patient had ongoing tenderness and was doing well on Duragesic. The patient was not working. Refills for Duragesic were provided with limited physical exam and without other information of pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 50mcg #15 (1 to skin every 2 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 44, 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Duragesic patches are considered an ultra-potent opioid and are not recommended for use. There is no research-based pharmacological or clinical reason to prescribe

trans-dermal Fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). The submitted reports have not demonstrated the indication for Duragesic for this chronic, non-malignant injury from 1996 without functional improvement from treatment already rendered. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The documentation provided shows no evidence that the treating physician is prescribing opioids in accordance to changes in pain relief, functional goals with demonstrated improvement in daily activities, decreases in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, the patient has ongoing pain for this 1996 injury and there is no demonstrated evidence of specific functional benefit derived from previous use of Duragesic. Therefore, the Duragesic patches are not medically necessary and appropriate.

Duragesic patches 50mcg #15 dispensed on 11/30/2013 (1 to skin every 2 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 44, 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Duragesic patches are considered an ultra-potent opioid and are not recommended for use. There is no research-based pharmacological or clinical reason to prescribe trans-dermal Fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). The submitted reports have not demonstrated the indication for Duragesic for this chronic, non-malignant injury from 1996 without functional improvement from treatment already rendered. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The documentation provided shows no evidence that the treating physician is prescribing opioids in accordance to changes in pain relief, functional goals with demonstrated improvement in daily activities, decreases in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, the patient has ongoing pain for this 1996 injury and there is no demonstrated evidence of specific functional benefit derived from previous use of Duragesic. Therefore, the Duragesic patches dispensed on 11/30/2013 were not medically necessary and appropriate.

Duragesic patches 50mcg #15 dispensed on 12/30/2013 (1 to skin every 2 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 44, 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines
Page(s): 74-96.

Decision rationale: Duragesic patches are considered an ultra-potent opioid and are not recommended for use. There is no research-based pharmacological or clinical reason to prescribe trans-dermal Fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). The submitted reports have not demonstrated the indication for Duragesic for this chronic, non-malignant injury from 1996 without functional improvement from treatment already rendered. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The documentation provided shows no evidence that the treating physician is prescribing opioids in accordance to changes in pain relief, functional goals with demonstrated improvement in daily activities, decreases in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, the patient has ongoing pain for this 1996 injury and there is no demonstrated evidence of specific functional benefit derived from previous use of Duragesic. Therefore, the Duragesic patches dispensed on 12/30/2013 were not medically necessary and appropriate.