

Case Number:	CM13-0069830		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2003
Decision Date:	08/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 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:

This is a 54-year-old female who sustained injury on 10/24/2003 when she fell forward and injured her right knee, hip, and lower back. Treatment history includes medications, physical therapy, injections to knee and hip, and lumbar epidural steroid injection. Medication treatment includes Norco, OxyContin, Exalgo, MsContin, and Nucynta. The examinee had right knee arthroscopic surgery in 2004. Urine drug screen dated 09/06/2013 indicates positive for Codeine, Morphine, Hydrocodone, Norhydrocodone, Hydromorphone, Butalbital, Ethyl Glucorodine, and Ethyl Sulfate. Negative for Fentanyl. A progress report dated 11/01/2013 indicates that she reported pain level has increased since last visit. No new problems or side effects. Quality of sleep is poor. Her activity level has decreased. OxyContin caused her GI upset. She continues to have knee pain. Norco continues to be beneficial to control her pain. She has had difficulty tolerating long acting medications. Current medications include Norco 10/325 mg 1-2 by mouth every 4-6 hours and OxyContin 10 mg twice a day. On exam, she has a right sided push off antalgic gait, slow gait, and stooped gait. Lumbar spine range of motion was restricted. On palpation, paravertebral muscles tenderness and tight muscle band noted on right side. Gaenslen's, SLR, Faber, and Pelvic compress tests were positive. Right hip tenderness noted over trochanter. Right knee range of motion was restricted with extension limited to 34 degrees limited by pain. Tenderness to palpation noted over hamstrings. Motor exam showed 5-/5 on right EHL and ankle dorsiflexion and 4/5 on right knee extensor and knee flexor, otherwise 5/5 in bilateral lower extremities. Sensation was decreased over medial foot on the right side. She was diagnosed with pain in joint lower leg, knee pain, and radiculopathy. She was recommended a trial of 12 mcg Fentanyl patch since has not tried a Fentanyl patch. UR report dated 12/10/2013 indicates that the request for Fentanyl patch was certified for one time for weaning regimen since

the patient continues to report significant pain with physical limitations. There is no clear functional improvement and the patient continues to rely on short-acting opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 FENTANYL 12MCG/HR PATCHES WITH ONE REFILLS, APPLY EVERY 3 DAYS:

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 transdermal system; Fentanyl; Opioids Page(s): 44, 47, 74-95.

Decision rationale: Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. 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. According to CA MTUS guidelines, long acting opioids are recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with opioids; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, the injured worker is noted that has difficulty tolerating long acting opioids. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition, there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of pain assessment including any significant improvement in pain or function with opioid use. The medical records do not demonstrate either return to work. Ongoing opioid use, in the absence of clinically significant improvement is not supported. Therefore, the request is not medically necessary.