

Case Number:	CM14-0102672		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	09/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female with a reported date of injury on 01/09/1998. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, and reflex sympathetic dystrophy to the upper limb. Her previous treatments were noted to include physical therapy, nerve blocks, and medications. The progress note dated 06/16/2014 revealed the injured worker reported her pain level rated 8/10 and ambulated with a cane. The physical examination revealed symptoms of muscle weakness, difficulty walking, difficulty falling asleep and remaining asleep. The Request for Authorization form dated 06/19/2014 was for Fentanyl patch 15 mcg #20 for reflex sympathetic dystrophy of the upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50 transdermal patch (Fentanyl) 50 mcg/hr; 1 patch every 36 hours, outpatient for chronic upper extremity pain and RSD of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILAMN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, PHYSICIAN DESK REFERENCE, OFFICAIL DISABILITIES GUIDELINES DRUG FORMULARY, AGENCY MEDICAL DIRECTOR'S GROUP DOSE CALCULATOR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), , Fentanyl Page(s): 44 page 47.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The injured worker has been utilizing this medication for approximately 5 years. The California Chronic Pain Medical Treatment Guidelines do not recommend Duragesic as a first line therapy. Duragesic is a trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. The Food and Drug Administration (FDA) approved product labeling states that Duragesic is indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The Guidelines state Fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The Opioid MED calculator recommendation for morphine equivalent dosage per day is 100 MEd and Fentanyl is 120 MEd, which exceeds Guideline recommendations. The combination of Fentanyl, Norco, and Dilaudid give a total of 224 MEd which exceeds Guideline recommendations. Therefore, due to the lack of documentation regarding significant pain relief on a numerical scale, improved functional status with the utilization of medication, side effects, and without details regarding a consistent urine drug screen and when the last test was performed, the ongoing use of opioid medications is not supported by the Guidelines. Therefore, the request for Duragesic 50 transdermal patch (Fentanyl) 50 mcg/hr; 1 patch every 36 hours, outpatient for chronic upper extremity pain and RSD of the upper extremities is not medically necessary and appropriate.