

Case Number:	CM14-0105662		
Date Assigned:	07/30/2014	Date of Injury:	01/19/2011
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported injury on 01/19/2011 reportedly, she was involved in a motor vehicle accident where she was rear ended and suffered injury to the cervical spine. The injured worker's treatment history included surgery, MRI, medications, physical therapy, a psychological evaluation, and a TENS unit. The injured worker was evaluated on 07/10/2014 and it was documented that the injured worker complained of chronic neck pain. She continued to have neck pain with radiation into both upper extremities, she states it had increased to an 8/10 on the VAS consistently because she had not been able to start physical therapy. She says authorization has expired and she was currently waiting for the authorization. The Request for Authorization dated for 06/24/2014 was for fentanyl 50 mcg and Tegaderm, the rationale was for pain and the Tegaderm patch was to be used with the fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/h patch x19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 80-81, and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44 &47.

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system 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. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should applied on the injured worker. The request failed to indicate duration and frequency of medication. Therefore, the request for fentanyl 50 mcg/h patch x19 is not medically necessary.

Tegaderm 4x4 3/4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Wound Dressing.

Decision rationale: The request for Tegaderm is not medically necessary. Per the Official Disability Guidelines (ODG), state wound dressings/tegaderm are recommended as indicated below. Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. For specific situations, the following dressings are favored: for fragile skin, low-adherence dressings; for hemorrhagic wounds, alginates; and for malodorous wounds, activated charcoal. The documents submitted indicated the injured worker uses the tegaderm to cover up the Fentanyl Patches, there was lack of evidence of the clinical necessity for the tegaderm transparent medical dressing. Given the above the request for, tegaderm 4X4-3/4 is not medically necessary.

Fentanyl 50 mcg/hr patch x15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 80-81, and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44 &47.

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal

system 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. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should applied on the injured worker. The request failed to indicate frequency and duration of medication. Therefore, the request for fentanyl 50 mcg/hr. patch X 15 is not medically necessary.

Fentanyl 50mcg/hr patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 80-81, and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44 &47.

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system 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. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should applied on the injured worker. The request submitted failed to indicate duration, frequency and quantity. Therefore, the request for fentanyl 50 mcg/hr. patch is not medically necessary.

Tegaderm 4x4-3/4 x 15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Wound Dressing.

Decision rationale: The request for Tegaderm is not medically necessary. Per the Official Disability Guidelines (ODG), state wound dressings/tegaderm are recommended as indicated below. Recommend the following combinations: for chronic wounds, (1) debridement stage,

hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. For specific situations, the following dressings are favored: for fragile skin, low-adherence dressings; for hemorrhagic wounds, alginates; and for malodorous wounds, activated charcoal. The documents submitted indicated the injured worker uses the tegaderm to cover up the Fentanyl Patches, there was lack of evidence of the clinical necessity for the tegaderm transparent medical dressing. Given the above, the request for Tegaderm 4X4-3/4 x 15 is not medically necessary.