

Case Number:	CM14-0105796		
Date Assigned:	09/16/2014	Date of Injury:	04/08/2004
Decision Date:	12/08/2014	UR Denial Date:	06/28/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 4/8/04 date of injury. At the time (6/17/14) of request for authorization for Fentanyl Transdermal Patch 100 mcg/hr #10, there is documentation of subjective (low back pain radiating down to the right leg) and objective (positive straight leg raising on the right, decreased deep tendon reflex on the right quadriceps, and decreased light touch all throughout the right leg) findings. The current diagnoses are low back pain, lumbar radiculopathy, lumbar spinal stenosis, and chronic pain syndrome. The treatment to date includes ongoing treatment with Norco and Fentanyl patch since at least 3/25/14. Medical reports identify that the patient is able to do activities of daily living as a result of Fentanyl patch use to date. There is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Transdermal Patch 100 mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl; Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculopathy, lumbar spinal stenosis, and chronic pain syndrome. In addition, there is documentation that Fentanyl patch is not used as first-line therapy, and the patient is already receiving opioid therapy. Furthermore, given documentation of ongoing treatment with Fentanyl patches and that the patient is able to do activities of daily living as a result of Fentanyl patch use to date, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Fentanyl patches use to date. However, despite documentation of chronic pain syndrome, there is no documentation of persistent, moderate to severe chronic pain. In addition, there is no documentation of chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl Transdermal Patch 100 mcg/hr #10 is not medically necessary.