MAXIMUS Federal Services

Case Number:	CM14-0106837		
Date Assigned:	07/30/2014	Date of Injury:	05/14/2012
Decision Date:	10/01/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 34 year old female who sustained an industrial injury on 5/14/2012. She is status post C4-5 and C5-6 fusion on 3/245/2014, with reported improvement post-surgery. The 6/23/2014 toxicology UDS is positive for Fentanyl and Norfentanyl, which is consistent with reported medications Duragesic and Fentanyl. The study also detected Oxazepam Metabolite, which is inconsistent as there is no corresponding benzodiazepine medication reported. According to the most recent PR-2 dated 7/14/2014, the patient reports persistent neck and low back pain, rated 8-9/10 on pain scale. She has not received postoperative physical therapy. She is status post cervical fusion on 3/25/2014 and says her pain continues to improve. She reports continued pain and N/T into the medial left upper extremity, which has improved since surgery. She also reports bilateral leg weakness with walking. Regarding medications, she takes Oxycodone 5mg 2-3 times per day, last taken yesterday. With Oxycodone 9/10 pain decreases to 8/10. She complains Oxycodone is not helping much with pain. She was using Duragesic patch, which only decreased pain 9/10 to 7/10. She currently takes Omeprazole as needed, Gabapentin 300 three tablets per day. She no longer takes Zanaflex and discontinued Elavil due to increased sedation. Physical examination shows well healed anterior cervical scar, severely decreased cervical ROM s/p fusion, tenderness, decreased sensation throughout left upper extremity but improved since surgery, left UE motor exam limited by left shoulder pain, and 5/5 right upper extremity strength. Decreased sensation in left L4-S1 dermatomes, 4-/5 and 4/5 left lower extremity motor strength, and 4+/5 on the right. Diagnoses are status post ACDF C4-5 and C5-6 on 3/25/2014 and left L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12.5 mg #5 between 5/5/14 and 7/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 74-96; 44.

Decision rationale: The CA MTUS guidelines state Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). However, the medical records fail to establish this patient has failed or exhausted other means of analgesia, such as NSAIDS, standard opioids, therapy, etc. The patient had trialed Duragesic and reported minimal reduction in pain level and there is no demonstrated objective functional improvement with this medication. According to the guidelines, Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed, which is not the case of this patient. The medical records do not establish that Duragesic patch is appropriate and medically necessary for the treatment of this patient's diagnoses. The request is not medically necessary.