

Case Number:	CM14-0014202		
Date Assigned:	02/26/2014	Date of Injury:	07/20/2008
Decision Date:	07/17/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/04/2014

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 Internal 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 24-year-old male who has submitted a claim for right knee pain and chronic pain syndrome, status post lateral meniscus repair, status post right knee anterior cruciate ligament (ACL) reconstruction, associated with an industrial injury date of July 20, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/03/2014, showed right knee pain described as aching, dull, sharp, and burning. The severity of the pain was 6/10. There was constant pain, which fluctuated in intensity. Exacerbating factor consisted of walking while relieving factors consisted of medication and rest. A physical examination revealed normal range of motion of right knee with normal strength. Tenderness was noted in medial/lateral aspect of the right patella. A well-healed scar on the right knee was evident. The treatment to date has included right knee arthroscopy and debridement (6/26/2013), right knee arthroscopy and lateral meniscus repair (07/21/2010), right knee arthroscopic debridement (06/01/2009), right knee ACL reconstruction with allograft tendon (11/17/2008), physical therapy and medications such as Fentanyl extended-release (ER) transdermal patch as early as July 2013. The utilization review from 01/10/2014 denied the request for the purchase of Fentanyl ER transdermal film 12mcg/hr #10, with no refills, because the current guidelines did not recommend an opiate as first-line therapy and was only indicated in the management of patients who required continuous opioid analgesia for pain that cannot be managed by other means. There was no documentation of such failed trials. The request for urine drug screen was denied because there was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL ER TRANSDERMAL FILM 12MCG/HR #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines state that topical fentanyl is not recommended as a first-line therapy. 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. In this case, the patient has been using fentanyl transdermal film as early as July 2013. However, there was no objective evidence of failure of first-line treatment such as oral pain medications that would warrant its use. The medical necessity has not been established. Therefore, the request for Fentanyl ER transdermal film 12mcg/hr #10 is not medically necessary.

ONE (1) URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines state that urine drug screens are recommended as an option to assess for order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to four (4) times a year. In this case, there was no documented aberrant drug behavior. It is unclear if previous urine drug screens were done due to limited records submitted for review. The medical necessity has not been established. Therefore, the request for a urine drug screening is not medically necessary.