

Case Number:	CM14-0114202		
Date Assigned:	09/16/2014	Date of Injury:	08/11/2004
Decision Date:	10/27/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine, and is licensed to practice in Montana. 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 receptionist with a date of injury of 8/11/04. The injury involved lifting a heavy box with acute low back pain. She has had multiple spinal procedures including bilateral laminectomy at L5-S1 and lumbar decompression at L5-S1 bilaterally. She has had bilateral L5 foraminotomies and left-sided microdiscectomy at L5-S1 in January 2005. In February 2006 she had anterior disc replacement at L4-S1. She also had a right carpal tunnel release in November 2013. She continues to complain of chronic low back pain radiating to the lower extremities with burning and tingling. She also has complaint of neck, shoulder and wrist pain with some numbness and tingling in the hands. Her current medications include fentanyl patches, Norco Topamax and Soma. Her diagnoses include chronic pain syndrome, postlaminectomy syndrome, cervical and lumbar radiculitis, cervicgia, displacement of intervertebral disks in the cervical and lumbar spine, carpal tunnel syndrome, soft tissue pain and ulnar neuropathy. She has not worked since the injury in 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 50mcg/hr., days 30, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl transdermal Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duragesic (fentanyl transdermal)

Decision rationale: The MTUS states that fentanyl (Duragesic) transdermal 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 such as nonsteroidal anti-inflammatory drugs. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches should be applied to intact skin only and are worn for a 72 hour period. The ODG guidelines state that Duragesic patches are not recommended 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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. Due to the significant side effects, not for use in routine musculoskeletal pain. Ongoing use of opioid medication requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case there is not adequate documentation for pain that cannot be managed by other means, and no documentation of required review of pain relief, functional status, appropriate medication use, and side effects. She has not been able to return to work. There is no documentation of pain assessment that should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The records do not document significant relief related to the use of fentanyl patches. As such the request for fentanyl (Duragesic) 50 g per hour transdermal #10 is not consistent with the MTUS guidelines and is not medically necessary.