MAXIMUS Federal Services

Case Number:	CM14-0115544		
Date Assigned:	08/04/2014	Date of Injury:	07/26/1996
Decision Date:	09/24/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/23/2014

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 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:

Injured worker is a male with date of injury 7/26/1996. Per primary treating physician's progress report dated 6/26/2014, the injured worker returns stating he has lost 15 pounds by exercising. He has been looking for a job. His pain level is from 10/10 to a 7/10 with use of medications. For him 7/10 is doing great. He is exercising every other day, going to gym for almost an hour. He has also been staying very active and is filling out applications looking for a job. He feels he should be able to return to some kind of work. He has been independent with activities of daily living, and he states that without medications he would not be able to do any of these. He denies any side effects. There has been no aberrant drug seeking behavior. He has never tested positive for any street drugs. He has not been getting medications from other doctors. His last urine drug screen was 12/10/2013 which was consistent. He is low risk and is checked once a year. His current pain level is 7/10, and average pain has been 7/10 over the last 30 days. The least pain is at 6/10. Percocet takes about half an hour for it to kick in and they typically help him for about 4 hours. Duragesic patches have been working steadily. Trazodone helps him sleep at night. Wellbutrin helps control his anxiety and depression. Diagnoses include 1) chronic left foot and leg pain with chronic regional pain syndrome from crush injury, history of multiple pain pumps with multiple infections, complications and surgeries 2) chronic low back pain, MRI of the lumbar spine showed mild degenerative changes at L3-L4, L4-L5 2/4/2014 3) sarcoidosis, nonindustrial, pain pump removed in 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Use of Opioids (6 months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section, Opioids section Page(s): 44, 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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.The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is chronically injured, having sustained his injury nearly 18 years prior to this request. Review of prior clinical notes he has been using Duragesic Patch 75 mcg one every three days, since at least January 2014. He has been managed with multiple pain pumps and now is managed with Percocet and Duragesic patch. He is functional, exercising, and is taking care of himself. He is motivated to begin work again. The continued use of Duragesic patch at this time appears to be medically necessary based on the recommendations of the MTUS Guidelines.The request for Duragesic Patch #10 is determined to be medically necessary.