MAXIMUS Federal Services

Case Number:	CM14-0150334		
Date Assigned:	09/19/2014	Date of Injury:	08/28/1998
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The patient is a 57-year-old male who has submitted a claim for arthritis of the right knee, associated with an industrial injury date of 10/06/2000. Medical records from March 2014 to August 2014 were reviewed. Patient complained of right knee pain. The mechanism of injury was not mentioned. He still used cane and knee braces. Pain medications were not helpful. She has undergone right knee arthroscopy twice. Physical examination of the right knee, dated August 4, 2014, revealed diffuse tenderness. There was limited motion and strength. There was no significant joint effusion. X-rays, dated December 2013, revealed slight decrease in the medial joint space and squaring and spurring of the lateral compartment. Treatment to date has included oral pain medications, Euflexxa injection, Lidoderm patches, fentanyl patches, therapeutic exercise, aquatic therapy, electrical stimulation, and physical therapy. AUtilization review from August 27, 2014 denied the request for Fentanyl patches 50mg; apply Q3 days, #10. The clinical findings did not appear to support the medical necessity of the Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 50mg, apply Q3 days, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <9792.20 - 9792.26>, Duragesic, page(s) 44; Opioids, page 78; Fentanyl (transdermal), page 9.

Decision rationale: On page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, it was mentioned in a progress note, dated June 23, 2014, that Fentanyl was not helpful and made the patient feel sick. Patient is likewise on oxycodone. There is no discussion as to why adjuvant therapy with fentanyl patch is necessary. The medical necessity cannot be established due to insufficient information. Therefore, the request for Fentanyl patches 50mg, applies Q3 days, #10, is not medically necessary.