MAXIMUS Federal Services

Case Number:	CM14-0157242		
Date Assigned:	09/30/2014	Date of Injury:	11/04/1994
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

68y/o female injured worker with date of injury 11/4/94 with related neck and shoulder pain. Per progress report dated 7/23/14, the injured worker rated her pain 9/10 in intensity. Physical exam findings were not documented. Treatment to date has included Left Shoulder Arthroplasty, Surgery to the Left Hand and Wrist, Bilateral Carpal Tunnel Releases, Right Knee Total Arthroplasty, Cervical Fusion C4-C7, Three Lumbar Fusions with Resultant L2-S1 fusion, physical therapy, and medication management. The date of UR decision was 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch #12mcg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, and the Official Disability Guidelines

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

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "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 ALZA

Corporation and marketed by [redacted] ([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. "Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of Fentanyl Patch nor any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. Per the latest available progress report dated 7/23/14, the injured worker's pain level remained 9/10 even while using this medication along with Norco. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/2014 was present in the documentation and consistent with prescribed medications. However, as MTUS recommends discontinuing opioids if there is no overall improvement in function or pain, medical necessity cannot be affirmed.