

Case Number:	CM14-0161489		
Date Assigned:	10/06/2014	Date of Injury:	10/09/2005
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old woman who sustained a work related injury on October 9, 2005. Subsequently, she developed chronic low back pain. The patient underwent a posterior exploration and hardware removal L4-S1; decompression, discectomy and interbody fusion L3-4; pedicle screw fixation, stabilization and fusion L3-5 on September 16, 2013. MRI of the lumbar spine dated June 2, 2014 indicated that there are post-fusion changes from L3-S1. There are mild degenerative changes above the level of fusion and in the thoracolumbar junction. Prior treatment included: aquatic therapy, physical therapy, and medications. According to a note dated July 15, 2014, the patient was making headway status post L3-4 stabilization above an L4 to S1 fusion with some lingering intermittent back pain, but no radicular leg pain. The patient was diagnosed with degeneration of intervertebral disc and dysthymic disorder. The provider requested authorization for Fentanyl patch 100mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100mcg/hr #30 (2 patches every 48 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal, Opioids - criteria for use and hyperalgesia,. Decision based on Non-MTUS Citation ODG: Pain: Opioid dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines < Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: According to MTUS guidelines, <Duragesic (fentanyl transdermal system). 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 Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). 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 continued to have low back pain despite the use of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl Patch 100mcg is not medically necessary.