

Case Number:	CM14-0164702		
Date Assigned:	10/09/2014	Date of Injury:	06/08/2001
Decision Date:	12/10/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 62-year-old female who sustained an injury on 6/8/01. As per the 9/18/14 report, she presented with continuing low back pain and new onset of acute upper back pain. She also had right knee pain and was considering undergoing an arthroscopic procedure. Examination revealed crepitation at the knee, mild lumbar paraspinal muscle spasm and vertebral tenderness in the mid-thoracic region. She is currently on Fentanyl patch and Methadone. The current medications are nicely managing the lower back symptoms decreasing the pain by 40-50% and the medication does keep her active and functional. The medications are less effective for the upper back pain. Continuing Fentanyl patch and tapering of methadone was recommended. She has been using Fentanyl since at least 11/07/13. Diagnoses include pain in the joint, hand, lumbago, spasm of muscle, unspecified. Past treatments and diagnostic reports were not documented in the clinical records submitted with this request. The request for Fentanyl Transdermal System 50 mcg/hour every 72 hours #15 for lumbar spine was denied on 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Transdermal System, 50 mcg/hour every 72 hours #15 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: The CA MTUS guidelines state Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. As per CA MTUS guidelines, "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 aberrant drug-taking behaviors)." In this case, there is little to no evidence of objective functional improvement with this medication and there is no documentation of significant pain relief (i.e. VAS) despite ongoing opioid medications. Furthermore, concurrent two long-acting opioids is not recommended due to increased risk of overdose. Moreover, there is no history of recent urine toxicology screen in order to monitor the patient's compliance. Additionally, the requested quantity is 15 that is more than one month supply (#10). Therefore, the medical necessity of the request is not established based on documentation and per guidelines.