

Case Number:	CM14-0173660		
Date Assigned:	10/24/2014	Date of Injury:	06/01/2000
Decision Date:	12/03/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation, and is licensed to practice in California & Arizona. 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 64-year-old male who reported injury on 06/01/2000 due to an unspecified cause of injury. The injured worker complained of back pain radiating from the lower back to bilateral legs. The diagnoses included post lumbar laminectomy syndrome and lumbar radiculopathy. Prior treatments included physical therapy, medication, and epidural steroid injections. The unofficial MRI of the lumbar spine dated 05/12/2006 revealed posterior spinal fusion at the L3-S1 with decompression at the L5-S1, mild impingement at the left L4 dorsal root ganglion within the neural foramen at L4-5; mild left L5-S1 neural foraminal stenosis, grade 1 Anterolisthesis of L4-5, and change of degenerative disc disease at the other imaged levels. The medications included Lidoderm patch 5%, Neurontin 800 mg, Duragesic patch 100 mcg/hour, Dilaudid 4 mg, Dyazide 37.5/25 mg, Carisoprodol 350 mg, Ativan 1 mg, Xifaxan 550 mg, and Zanaflex 4 mg. The objective findings dated 10/03/2014 revealed surgical scars and that the injured worker was positive for back pain and muscle pain. Range of motion was restricted with flexion limited at 45 degrees, extension limited at 5 degrees, right lateral bending limited at 10 degrees, and left lateral bending limited at 10 degrees. The injured worker was able to perform a heel/toe walk with limited weight bearing on the left leg. Lumbar facet loading was positive on the right. Straight leg raise test was positive on the left. The faber test was positive. Tenderness noted over the sacroiliac spine. The motor examination revealed was limited by pain. Motor strength of the EHL was 5-/5 on the right, ankle dorsal reflexes 5/5 bilaterally, ankle planter reflexes 5/5 bilaterally, knee extensors were 5-/5 on the right and 4/5 on the left, and knee flexors were 5-/5 on the right and 4/5 on the left. The sensory examination revealed decreased light touch sensation to the right lateral leg. The treatment plan included a prescription for a Duragesic patch 100 mcg per hour. The Request for Authorization dated 07/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Duragesic 100mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids, dosing; Weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Duragesic (fentanyl transdermal system); opioid dosing Page(s): 47; 44; 86.

Decision rationale: The request for 1 prescription Duragesic 100mcg/hr patch #15 is not medically necessary. The California MTUS indicate that Duragesic patch is not recommended for first line therapy. Duragesic is a trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opiate, 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 opiate analgesia for pain that cannot be managed by other means. Furthermore, the guidelines also indicate that fentanyl is indicated for management of persistent chronic pain, which is moderate to severe, requiring continuous around the clock opiate therapy; a pain that cannot be managed by any other means. Duragesic should only be used in patients who are currently on opiate therapy for which tolerance has developed. Fentanyl is also an opiate analgesic, with a potency that is at 80 times that of morphine. It is recommended that opiate dosing not exceed 120 mg of oral morphine equivalent per day for patients taking more than 1 opiate. The morphine equivalent doses of the different opiates must be added together to determine a cumulative dose. The clinical notes indicate for the medications include Dilaudid and a Duragesic patch for a total of 280 mg daily. This amount exceeds the 120 mg daily dose of morphine. Additionally, the clinical note indicated that the injured worker had gone on vacation where he was able to do a lot of walking, and he is overall doing well after he had received an epidural steroid shot, which decreased his pain; therefore, they should have decreased the medication. The request is not medically necessary.