

Case Number:	CM14-0176813		
Date Assigned:	10/30/2014	Date of Injury:	09/10/2009
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Interventional Spine 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 51 year old female with date of injury 9/10/09. The treating physician report dated 8/6/14 indicates that the patient presents with lower back pain and psychological pain disorder. The treating physician states that the patient attempted suicide on 5/3/14 by prescription overdose. Since that time the patient has ran out of Duragesic patch, Cymbalta and Norco and has been instructed by her treating physician that if her pain levels increase then she should go to the nearest emergency room. There are no physical examination findings and the patient's psychological status has deteriorated since her last appointment. The current diagnoses are: 1.Lumbar disc herniation at L4/5, 2.Right L5 radiculopathy, 3.Constipation, 4.Incontinence secondary to spinal injury, 5.Mood Disorder worsening, 6.Sleep disorder, 7. Pain disorder, 8. Recent Suicide attempt via prescription overdose. The utilization review report dated 10/14/14 denied the request for Duragesic 25mcg/hour patch #15 based on the MTUS guidelines and 5 patches were authorized for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg/hour patch #15: 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 Fentanyl;
CRITERIA FOR USE OF OPIOIDS Page(s): 47; 76-78.

Decision rationale: The patient presents with chronic lower back pain and psychological pain disorder. The current request is for Duragesic 25mcg/hour patch #15. The treating physician report dated 8/6/14 states, "Current Medications: Please note all of these medications have not been received yet from the pharmacy: From [REDACTED], the patient is currently receiving Cymbalta 60mg 1 in the morning, Duragesic 25 mcg/hour 1 patch every 72 hours, and Norco 10/325 mg 1 po every 8 hours." The patient has been prescribed Duragesic patches since at least 6/25/14. The MTUS guidelines recommend Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS page 78 for opioids states, "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 the treating physician has failed to document the patient's pain levels or provide any information regarding any functional improvement with Duragesic usage. MTUS requires much more thorough documentation of a patient's response to opioid medications to support ongoing usage. Recommendation is for denial and weaning per the previously authorized 5 patches prescribed on 10/14/14.