

Case Number:	CM14-0179203		
Date Assigned:	11/03/2014	Date of Injury:	04/12/2006
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 57 year old female with a stated date of injury of 4-12-2006. The mechanism of injury was not stated. She complains of low back pain radiating into the left lower extremity with numbness and tingling. She also complains of left knee pain. The physical exam reveals diminished left knee range of motion and tenderness at the medial and lateral joint lines. The lumbar spine reveals tenderness and spasm of the paravertebral muscles, diminished range of motion, and a positive hyperextension test for facet mediated pain. There is diminished light touch sensation of the left leg, calf, and foot. A left sided stretch test is positive. There is diminished strength on the left for the extensor hallucis longus muscle. The diagnoses include displacement of a lumbar intervertebral disc without myelopathy; lumbar disc tears at 3 levels, lumbar facet disease, lumbar radiculitis, chronic myofascial pain syndrome, and depression. She has been managed with a Duragesic patch 75 mcg every 3 days and Neurontin 600 mg twice daily. For pain flares, Ibuprofen is added and she has been instructed to change the Duragesic patch every 2 days instead of every 3 days. She had an injection to the left knee which provided 90% relief of her knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 75mcg, every 3-days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The referenced guidelines state that for those requiring chronic opioid therapy that there should be ongoing assessment of pain relief, functionality, adverse side effects, and any aberrant drug taking or seeking behavior. Fentanyl is not recommended for routine musculoskeletal pain because of the possibility of significant side effects such as respiratory depression. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. 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 [REDACTED] and marketed by [REDACTED] (both subsidiaries of [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. In this instance, the documentation spans 6 months and does not provide evidence for monitoring for aberrant drug taking behavior such as checking of a CURES report and/or urine drug testing to ensure compliance. The provided progress notes do not discuss functionality for the injured worker as it relates to the Duragesic medication. For example, what she can do while on the medication compared with another time when she was not. The referenced guidelines state that opioids may be continued if the injured worker has regained employment and/or there is improvement in pain and functionality as a consequence of the opioid medication. Lastly, the progress notes do not discuss what other medication was tried and failed prior to the Duragesic patch. The guidelines are clear on this point: Duragesic may be indicated for those requiring continuous opioid analgesia for pain that cannot be managed by other means. Therefore, because of the reasons stated above and in alignment with the referenced guidelines, the medical necessity for Duragesic Patch 75mcg, every 3-days, has not been established, therefore, this request is not medically necessary.