

Case Number:	CM14-0181689		
Date Assigned:	11/06/2014	Date of Injury:	10/07/2003
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Pain Medicine 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 55-year-old male with an original date of injury of October 7, 2003. The injured worker has chronic neck pain, failed back syndrome of the cervical spine, chronic pain syndrome, and opioid dependence. The disputed requests are for fentanyl 100 micrograms per hour #15. The utilization review on October 2, 2014 had modified this request. The utilization reviewer had recommended a decrease of the Fentanyl patch to 62.5g per hour, #15. The rationale for this was that the patient "does not have the quantified and functional benefit to justify such a high dosage."

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/hr #15 DOS 09/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: "Fentanyl transdermal (Duragesic; generic available): Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS).

Note: Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches should be applied to INTACT skin only. Side Effects: See opioid adverse effects. Analgesic dose: The previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25mcg/h. Patches are worn for a 72 hour period. Further details are found on CPMTG page 44 & 47 which state: "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. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet). 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 [REDACTED]

[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." Since fentanyl is an opioid, it is also subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the recent progress reports available for review, the treating provider did not adequately document monitoring of the four domains. Specifically progress notes from July through September 2014 fail to document a percentage reduction in VAS from Fentanyl. The 5/30/14 documents an improvement in function and pain reduction of 40%, but that is with Nucynta. There was periodic urine drug screening (UDS) as documented recently on 6/5/14. However based on lack of documentation of functional benefit, medical necessity of this request cannot be established at this time.