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| Case Number: | CM14-0185486 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 02/12/2002 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Internal 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 patient's injury occurred on 2/12/12. He had lumbar fusion of L4-S1 to treat a disc injury. On 10/24/14 he saw his M.D. who noted constant and sharp lumbar pain that radiated to the buttocks and posterior thigh. He also was intolerant of Ambien and had stopped it and was suffering from insomnia. His exam showed pain on palpation of his lumbar spinous processes and paraspinal muscles. He had difficulty standing straight and used a cane when walking. His diagnoses included chronic lumbar pain s/p lumbar surgery, lumbar radiculopathy, facet arthritis at L3-4 and L2-3, and myofascial pain syndrome. His plan was to increase Fentanyl to 60 mg Q 48 hours and to try to D/C Percocet, Neurontin, and Clonidine patch. It was noted that his current pain meds was beneficial in allowing him to continue his ADL's and in reducing the pain. He also planned to have the patient do home exercise, use a lumbar brace, and possibly in the future undergo spinal steroid injections. However, the UR rejected to increase his Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch, 12mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date Topic 8441 and Version 115.0

Decision rationale: The section on chronic pain notes that fentanyl or duragesic patches is not recommended as first line opioid treatment and is released in the skin. The FDA approves this treatment for chronic pain which requires continuous opioid use and cannot be controlled by other means. Also tolerance to shorter acting opioids should have developed prior to instituting this treatment. Lastly, the patch should be worn for 72 hours prior to changing to a new patch. In the up to date analysis we note that the FDA is recommending duragesic when alternate opioids are not adequate and it is accompanied by a warning that it carries an increased risk of overdose and death. The M.D. in the above patient is seeking to remove the other drugs that have been beneficial and treat pain solely with Fentanyl on a 48 hour basis instead of 72 hours. There is no provision for breakthrough pain or other medications which could decrease the dose of Fentanyl needed to treat pain. Also, changing the patch every 48 hours is against the drug labeling which advises 72 hour change in patch and could allow for increased risk of drug accumulation and unwanted side effects. Therefore, the request is not medically necessary.

Duragesic patch, 50mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date review Topic 8441 and Version 115.0

Decision rationale: The section on chronic pain notes that fentanyl or duragesic patches is not recommended as first line opioid treatment and is released in the skin. The FDA approves this treatment for chronic pain which requires continuous opioid use and cannot be controlled by other means. We also note that the patch should be applied only to patients who are tolerant to narcotics after being treated with shorter acting opioids. Lastly, these patches should be worn for 72 hours before being changed for a new patch. In the up to date analysis we note that the FDA is recommending duragesic when alternate opioids are not adequate and it is accompanied by a warning that it carries an increased risk of overdose and death. In the above patient we find that the other meds were beneficial, but the M.D. wants to D/C them and treat only with Fentanyl at a higher dose. Also, he is prescribing it Q48 hours instead of the advised 72 hours. Therefore, the patient is not being given the meds which could decrease the need for higher Duragesic dose and he is at risk for increased accumulation of drug and its accompanying side effects by having the Q48 hour dosing. Therefore, the request is not medically necessary.