

Case Number:	CM14-0027272		
Date Assigned:	06/16/2014	Date of Injury:	08/29/2008
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 40 year old male who was injured on 8/29/08, sustaining multiple fractures of bilateral lower extremities. He is status post multiple surgeries. Bilateral wrist pain, neck pain, severe major depression and anxiety are also noted. MRI of the lumbar spine has showed Post Subluxation of L4-5 and L5-S1 with disc protrusion. Medications are noted as MS Contin 30mg, Oxycodone, Oxycontin, Cymbalta, Effexor, Gabapentin, Metoprolol and Warfarin in 2008. On 3/28/14, the injured worker is noted to have complaints of pain in the left ankle with flexion of his foot. The pain level continues to be 8/10 before medications and down to 5/10 with medications. The injured worker is able to walk and take care of housework. He is currently using Duragesic 50mcg every two days, Norco 10/325mg 2-4 per day, Amitriptyline 10mg 1-2 at night and Viagra. On exam, he is unable to plantarflex and has a lot of atrophy in the lower leg. Diagnoses: Post-Laminectomy syndrome, status post multiple fractures of bilateral lower extremities, neck pain and intermittent wrist pain. The request for Duragesic was previously modified to every three days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC (FENTANYL) 50 MCG/HOUR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS Guidelines state Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain which is moderate to severe, requiring continuous, around-the-clock opioid therapy, if 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. According to the medical records, the injured worker has been on chronic opioid therapy with Duragesic 50mcg every two days, which provides him with pain relief and improves his ability to function. There is no documentation of any adverse effects associated with Duragesic and he seems to be tolerating the dosage well. A urinary toxicology study was previously performed which showed compliance. Therefore, the request for Duragesic 50mcg every two days, #15 is established as medically necessary.