MAXIMUS Federal Services

Case Number:	CM14-0028466		
Date Assigned:	06/13/2014	Date of Injury:	03/17/2008
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty and is licensed to practice in CA. 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 had her industrial injury in 2008 and we note that she had a QME evaluation in that same year and she had a Psyche AME in 2012. In a 10/3/13 progress note from her PTP we note that she had ongoing knee, lumbar, and right shoulder pain. We note that she was P and S for right shoulder, L-S spine, and R. knee as well as right trigeminal neuralgia. Her M.D. increased her elavil for pain control and duragesic patch from 25 to 50.We also note that she is on zanaflex and norco 10/325. He notes that she was struggling with her pain and sleep was disturbed. In a 1/12/14 progress note the M.D. notes that the patient has a 10/10 pain without pain meds but is 6-7/10 with her pain meds. In a 2/19/14 note we note that the patient states that the pain makes her almost suicidal and she cries at night from the pain. She does note that the norco and duragesic patches do help the pain and that her norco would be increased from 4 to 6 a day. We note that on 3/4/14 UR refused to cover treatment with duragesic patches at the strength of 50 mcg q 3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DURAGESIC PATCHES 50 MCG/HR QTY:10.00 DOS: 01/22/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44. Decision based on Non-MTUS Citation up to date topic 8441 version 115.0 reviewing FDA labeling for duragesic patches.

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. 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. Therefore this medicine is very potent and can carry significant side effects and has a long duration of action. However, we note that this patient is already on near maximum doses of norco , a shorter acting opioid and also a muscle relaxant and elavil as a pain modulator. She has severe pain and is almost suicidal at night from the pain. The patient does not have COPD or other pulmonary disease which could make the patient especially at risk for respiratory depression. Also the patient has demonstrated tolerance for her duragesic without any reports of unusual sedation. The risk of side effects from the duragesic appears to be less than the risk of not controlling the pain. Therefore, the usage is duragesic is medically necessary.