

Case Number:	CM14-0038563		
Date Assigned:	06/27/2014	Date of Injury:	09/04/1997
Decision Date:	07/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 Texas. 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 is a 53-year-old female with an industrial injury date of 9/4/1997. The mechanism of injury is not provided. The patient is followed for chronic left foot pain secondary to the CRPS. According to the available documentation, the patient was seen on 2/28/2014 by her attending physician. She was status post lumbar sympathetic block on 2/4/2014. Her post procedure assessment of pain was 7/10, she reported the procedure decreased her pain by 70%. The review physician noted this was impossible, because if the patient's pain was 10/10, 70% reduction would mean her pain was 3/10, not 7/10. There was no detailed examination. A UR determination dated 3/21/2014 certified the request for Norco 10 mg-325 mg #180 tablet for 30 day supply. However, the request for fentanyl patch 75 MCG/hr #10 was not certified, but was modified to Fentanyl patch 50 mcg/hr one month supply which was certified as medically necessary. It was noted that the UDS "from last quarter" was inconsistent, not showing any Fentanyl. The patient would need to go down to 50mcg for 1 month to see how the weaning process is going, assuming the UDS inconsistency is not resolved. Weaning for the first month would depend on how her symptoms are. A medical report with appeal, dated 4/1/2014 is submitted in response to the denial for fentanyl 75 MCG. According to the report, the patient complains of left foot pain. Pain is rated 6/10, frequency of pain is constant. She has difficulty sleeping due to pain. Prior treatment has included lumbar sympathetic block, medications, and exercises. The report states the patient complains of foot pain rated 7/10. She is upset fentanyl has been reduced. With opioid medications, she notes 50% improvement in standing, walking, and household chore tolerance and 10% improvement in lifting. The objective findings are that the patient is well-developed and well-nourished female in no acute distress, she walks with an antalgic gait. On left ankle examination, there is allodynia noted in the left ankle. It is suggested that the inconsistency with the prior UDS not showing Fentanyl could be because the patient

sweats a lot which sometimes causes the patch to fall off. Urine drug screen dated 3/28/2014 was consistent with opiates and CA, and a urine drug screen conducted on 8/13/2013 was also consistent with all the medications prescribed. The patient's dosage will be decreased if she is able to achieve adequate pain relief with the lower doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg transdermal patch, #10: Upheld

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

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

Decision rationale: The California MTUS guidelines state Duragesic (Fentanyl Transdermal System) is 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. 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. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. This strong opioid medication has the potential of significant side effects. It remains relevant that the patient had a prior UDS, which was inconsistent, not showing any Fentanyl. It is appropriate that a follow-up evaluation to assess the patient's subjective/objective response to initial weaning of Fentanyl patch at the lower dosage of 50mcg be undertaken, to determine if she requires lower dosage or not. The guidelines state for ongoing management, that the lowest possible dose should be prescribed to improve pain and function. Furthermore, the patient indicated she had 70% reduction in pain level following the lumbar sympathectomy block on 2/4/2014, in which case, one would expect the lower dosage of medication would be more than adequate. It is also relevant that with continued use of all of her other medications for pain, including Norco, given the very minimal objective findings reported, the patient's pain should be able to adequately managed on lower dosage of Fentanyl.