

Case Number:	CM14-0043649		
Date Assigned:	07/02/2014	Date of Injury:	05/03/2005
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 52-year-old female who reported an injury on 05/03/2005. The mechanism of injury was not provided in the medical records. She is diagnosed with chronic degenerative joint and disc disease. Her past treatments included acupuncture, Norco, Xanax, Valium, and Butrans patches. On 03/24/2014, the injured worker presented with complaints of back pain radiating to the lower extremities. Her physical examination revealed bilateral lumbosacral paraspinal tenderness to palpation and restrictions in range of motion secondary to pain. She was also noted to have weakness to +4/5 in left dorsiflexion and extensor hallucis longus. Her medications were noted to include hydrocodone and Butrans. However, it was noted that the injured worker was having difficulty getting coverage for the Butrans patch, which was providing significant pain relief and functional improvement. It was further stated that since the Butrans patch had been weaned, she was having to take more hydrocodone and was up to 4 to 6 tablets per day. It was also noted that she had a decrease in her ability to perform her activities of daily living due to increased pain. The treatment plan included a Duragesic patch, as she required a long-acting pain medication as evidenced by her clear increase in function and decrease in pain with an absence of side effects with use of a Butrans patch. The Request for Authorization for fentanyl patches was submitted on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12.5mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, fentanyl is not recommended as first-line therapy and is only supported for use in the management of chronic pain for patients who require continuous opioid analgesia for pain that cannot be managed by other means. The clinical information submitted for review indicated that the injured worker was having significant pain relief and increased function with use of her previous medication regimen, which included Butrans patches and hydrocodone as needed. Based on this documentation indicating that the injured worker's pain was managed by other means, use of fentanyl is not supported by the evidence-based guidelines. In addition, the request failed to provide a frequency. For the above reasons, the request is non-certified.