

Case Number:	CM14-0055785		
Date Assigned:	07/09/2014	Date of Injury:	09/21/1998
Decision Date:	08/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 Arizona. 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:

This is a 48-year-old male who suffered a work-related injury on 9/21/1998. He suffered significant injury while working when a wall fell on him. There was a severe crush injury to the thoracolumbar spine. Subsequently he has undergone surgical procedure. Cervical spine was also involved. Despite significant management including surgery, he failed to improve. Therefore intrathecal infusion pump was placed several years ago. It was revised because of his depleted battery on 10/2/2013. Medtronic SynchroMed intrathecal infusion pump was inserted. Since then, the patient has been receiving pain medication via the pump. There has been some gradual taper of his medications. The treating physician also recommended continuation of the 12.5 mcg fentanyl transdermal patch. Independent review by a physician on 4/9/2014 modified the prescription and recommended Duragesic 12.5 mcg patch q.72 to the skin #5 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12.5mcg (Fentanyl transdermal system) CII patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS decision on the Non-MTUS ODG, Duragesic (Fentanyl Transdermal System).

Decision rationale: Agree with the modified prescription for Duragesic patch #5, this patient already has intrathecal pump and is receiving medication via the pump. There seems to be no real reason to continue additional transdermal delivery, therefore it should be tapered off.