

Case Number:	CM14-0062050		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2007
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

This is a 52-year-old male with a 9/12/07 date of injury. He was working as a driller sustaining an injury to his upper back, cervical spine, right upper extremity, and carpal tunnel syndrome and elbow. He has diagnoses of cervical spine sprain with degenerative disc disease, facet arthropathy and radiculitis. He was seen on 3/27/13 and it was noted he uses a Fentanyl Duragesic patch at 100-mcg.hr every 48 hours, Oxycodone 10/324 6 daily, Soma, Gabapentin and Ambien. At that time, his physician would not agree to wean the patient's opiate medications, but did agree to wean the Ambien and Soma. The patient was noted to be working, with a pain level of 6/10. A progress note dated 3/28/14 stated the patient had another inconsistent urine drug screen, positive for tetrahydrocannabinol (THC) and alcohol but not Fentanyl, to which the patient states he ran out. He was noted to have a medical marijuana card. Exam findings revealed tenderness and decreased range of motion of the neck, as well as sensory deficits on C6/7 and C7/T1 dermatomes. The patient is noted to be on oral Percocet, Soma, and Ambien. The patient is noted to be a smoker and drinker but denies the use of any illicit drugs. The urine drug screen (UDS) from 10/7/13: positive for hydrocodone, hydromorphone, Oxazepam, Ethyl gluconuride, and THC. Treatment to dates includes medications, epidurals, facet injections, and physical therapy. A UR decision dated 4/18/14 modified the request from #20 patches to #10 patches in order to initiate weaning, as there was an inconsistent UDS, as well as the fact that his MED was well above 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl transdermal patch 72 hour 100mcg/hr, Apply 1 transdermal patch every 36-49 hours as patches sometimes come off. Sandoz brand only #20 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation ACOEM Chapter 6 page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. This patient is noted to be on Percocet 10/325 6 times daily and Fentanyl Duragesic patch at 100 mcg/hr, which correlates to an MED of 330. His Soma and Ambien were supposed to be weaned but his dosages remained the same. In addition, the patient has had urine drug screens positive for THC, alcohol, and on urine drug screen, which did not show any Fentanyl as he ran out. The patient's MED is well above the upper recommended limit of 120. In addition, he is smoking, using alcohol, and marijuana, which put this patient at increased risk of having an adverse drug reaction. In addition, one of his urine drug screens (UDS) did not show Fentanyl as the patient "ran out" suggesting he is using his opiate medication faster than his prescribed directions. It is also unclear why the patient requires a Duragesic patch, as he is on oral Percocet, hence it is unclear if his oral therapies have been maximized. The UR decision certified 10 patches for a wean, which is reasonable in this case. Therefore, the request for a Fentanyl transdermal patch 72-hour 100mcg/hr, Apply 1 transdermal patch every 36-49 hours Sandoz brand only #20 no refills was not medically necessary.