

Case Number:	CM14-0065635		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2008
Decision Date:	09/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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 Montana. 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 has a long history of back pain going back to 2004 related to a motor vehicle accident. He did have an occupational injury on 7/14/08 when he slipped down the last few rounds of a ladder causing mid to lower back pain with radiation of pain, numbness and tingling in the right lower extremity. He has not worked since this injury in July 2008. Treatment has consisted of multiple medications including Neurontin, opioids, and muscle relaxers. He has had psychotherapy, facet and SI joint injections as well as facet and SI rhizotomies. He has also been under the care of a pain management specialist. Fentanyl (Duragesic) patches were first prescribed on 9/17/12 after a long period of treatment with oral opioid medication since 2008. He continues to have complaint of primarily low back pain with radiation to the right buttock and lower extremity. He also complains of mid and upper back pain that is present most of the time. His current diagnoses include facet arthropathy, sacral somatic dysfunction, sacroiliac pain, lumbar radiculopathy and SI joint pain. He did have a recent discogram which did show positive findings at the L4-5 level. According to his primary treating physician's most recent note on 7/17/14, he has requested Duragesic patch 50 g per hour every 48 hours. He indicates that the Duragesic patch at 37.5 mg did not provide adequate functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR FENTANYL PATCH DURAGESIC 25MCG TRANSDERMAL, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl transdermal Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duragesic (fentanyl transdermal system) Other Medical Treatment Guideline or Medical Evidence: Product information for fentanyl (Duragesic) patches.

Decision rationale: The MTUS states that fentanyl (Duragesic) transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means such as nonsteroidal anti-inflammatory drugs. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches should be applied to intact skin only and are worn for a 72 hour period. The ODG guidelines state that Duragesic patches are 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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. Due to the significant side effects, not for use in routine musculoskeletal pain. Product information for Duragesic patches does note that occasionally patients might require dosing at a 48 hour interval as opposed to 72 hours. In this case the current treatment notes would indicate that he is requiring Duragesic patch at 50 mcg/h, to be used every 48 hours. As such the request for Duragesic 25 g per hour transdermal #15 is not medically necessary.