

Case Number:	CM14-0065823		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2002
Decision Date:	09/23/2014	UR Denial Date:	04/18/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 73-year-old man who sustained a work-related injury on May 9, 2002. Subsequently, he sustained chronic back pain. According to a progress report dated April 9, 2014, the patient has been complaining of low back pain and bilateral leg pain rated 7-8/10. MRI of the lumbar spine dated June 28, 2010 showed mild left lateral recess stenosis at L4-5 attributable to moderate disc height reduction and 2-3 mm left greater than right posterolateral disc bulging with mild opposing ligamentous thickening and facet prominence. On physical examination, the patient was found to have lumbar tenderness, spasm with reduced range of motion, ataxic gait, and no focal neurological signs. The patient was diagnosed with lumbago. The patient was treated with Fentanyl patch, Lorzone, Ambien and Percocet. He also received MBB and RFA. There a report of pain improvement after RFA. The provider requests authorization for Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Pieces of Fentanyl Patch 100ugm q3 Days for Baseline Pain for the Lumbar Spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill 2006 Physician's Desk Reference, 6th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-

twc.com/odgtwc/formulary.htmwww.online.epocarates.comwww.agencymedrectors.wa.govAC
OEM-https://www.acoempracguides.org/Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: 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. 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. The patient reported improvement of patient pain after RFA and the need of high dose of opioids including Percocet and Fentanyl is not justified. There is no recent documentation of tolerance to opioids. There is no justification for continuous use of Fentanyl and weaning is recommended. Therefore the prescription of Fentanyl patch is not medically necessary.