

Case Number:	CM14-0074274		
Date Assigned:	07/16/2014	Date of Injury:	04/05/2001
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old male who reported an injury on 04/05/2001. The mechanism of injury was not provided. On 06/20/2014, the injured worker presented with back pain. Current medications include Oxycodone HCL, Fentanyl, and Trazodone HCL. Upon examination of the lumbar spine, range of motion values were 25 degrees of right lateral flexion, 25 degrees of left lateral flexion, 85 degrees of right rotation, 85 degrees of left rotation, 25 degrees of extension, and 45 degrees of flexion. The injured worker had a normal gait, normal motor and sensory, and normal strength to the bilateral lower extremities. Diagnoses were pain in the joint involving lower legs, and degeneration of cervical intervertebral discs. The provider recommended Fentanyl patch. The provider's rationale was not provided. The Request for Authorization form was dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) and Opioids for chronic pain Page(s): 44,81.

Decision rationale: The request for Fentanyl patch #15 is not medically necessary. The California MTUS does not recommend Fentanyl patch as a first line therapy. 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. Additionally, the guidelines state that injured workers should not exceed 120 mg of morphine equivalents per day. A complete and adequate pain assessment of the injured worker was not provided. Additionally, the prescribed medications exceed 120 morphine equivalents per day. The provider's request does not indicate the dose or frequency of the Fentanyl patch in the request as submitted. As such, the request is not medically necessary.