MAXIMUS Federal Services

Case Number:	CM14-0075000		
Date Assigned:	07/16/2014	Date of Injury:	10/21/2001
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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:

Patient is a 50-year-old female who has submitted a claim for shoulder joint pain, lumbar radiculopathy, lumbar postlaminectomy syndrome, myalgia, and myositis associated with an industrial injury date of 10/21/2001. There were medical records from 2013 to 2014 that were reviewed. Patient complained of low back pain radiating to the bilateral lower extremities and right shoulder pain. Pain was rated 10/10 in severity and relieved to 7/10 upon intake of medications. Patient reported that she was able to tolerate activities of daily living such as, home responsibilities, recreation, social activities, and self-care. The physical examination showed tenderness at the right trapezius, range of motion of the right shoulder that was painful and restricted, and there was tenderness of the paralumbar muscles. Progress report from 4/28/2014 stated that results of urine drug screens were appropriate.Treatment to date has included: lumbar surgery, physical therapy, and medications such as: Cymbalta, gabapentin, Norco, trazodone, and fentanyl patch (since 2013). The utilization review from 5/2/2014 shown it was not medically necessary for the request for Fentanyl 50mcg/hr 72 hr patch, 1 every 48hr, 15# because chronic opiate use with the presence of comorbidities such as hypertension, obesity, and depression may lead to increased risk for dependence, morbidity, and mortality. Patient's current MED of 300 exceeded the recommendation from the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr 72 hr patch, 1 every 48hr, 15#: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing when to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Fentanyl (transdermal) Page(s): 44, 93.

Decision rationale: Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states: "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states: that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). In this case, patient has been on fentanyl patch since 2013 due to persistence of symptoms despite oral opioid intake. The most recent progress report cited that pain severity decreased from 10/10 to 7/10, and patient was able to perform activities of daily living secondary to opioid use. Progress report from 4/28/2014 stated that results of urine drug screens were likewise appropriate. Guideline criteria for continuing opioid management have been met. The medical necessity has been established. Therefore, the request for Fentanyl 50mcg/hr 72 hr patch, 1 every 48hr, 15# is medically necessary.