

Case Number:	CM14-0079001		
Date Assigned:	07/18/2014	Date of Injury:	06/13/2008
Decision Date:	08/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 and is licensed to practice in Maryland. 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:

According to the records made available for review, this is a 47-year-old male with a 6/13/08 date of injury. At the time (4/29/14) of request for authorization for Fentanyl patches 100mcg 1 Q2 days #15, there is documentation of subjective (pain in low back with burning of left lower extremity, pain rated 9/10 without medications, and 7/10 with medications) and objective (tenderness over lower lumbar paraspinals, pain with lumbar extension and flexion, straight leg raising positive on left, patellar deep tendon reflexes 2+, Achilles deep tendon reflexes 1+, lower extremity strength 5/5 bilaterally, and decreased sensation in left posterior upper and lower extremity) findings, current diagnoses (lumbar radiculitis, lumbar degenerative disc disease, lumbar stenosis, low back pain, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with fentanyl patch and opioids)). There is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; has demonstrated opioid tolerance; and no contraindications exist and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fentanyl patches use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 100mcg 1 every 2 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Fentanyl; Opioids, dosing; Chronic Back Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl and FDA.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar degenerative disc disease, lumbar stenosis, low back pain, and chronic pain syndrome. In addition, there is documentation of persistent, moderate to severe chronic pain; that the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h. However, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; has demonstrated opioid tolerance; and no contraindications exist. In addition, despite documentation of pain 9/10 without medications and 7/10 with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fentanyl patches use to date. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl patches 100mcg 1 every 2 days #15 is not medically necessary.