

Case Number:	CM14-0097960		
Date Assigned:	07/28/2014	Date of Injury:	09/03/2008
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Interventional Spine 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:

The patient is a 59-year-old female with an injury date of 09/03/2008. Based on the 05/27/2014 progress report, the patient complains of pain in the lower back with radiation to the right lower extremity. There is tenderness with minimum spasms in the paralumbar muscles. With extension, the patient has pain with extension and right lateral rotation which exacerbates pain in the lower paralumbar and sacroiliac joint region on the right. The patient's diagnoses include the following: 1. Lumbar disk protrusion at L4-L5 on the right. 2. Lumbar radiculopathy per EMG/NCV (no date indicated). 3. Lumbar facet arthrosis and degenerative scoliosis. 4. Chronic pain. The request is for Duragesic 25 mcg patch 90 in quantity. The Utilization Review determination being challenged is dated as 06/20/2014. Treatment reports were provided from 01/10/2014 - 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25 mg patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 78.

Decision rationale: According to the 05/27/2014 progress report, the patient complains of lower back pain with radiation into the right lower extremity. The patient also complains of fatigue. The request is for Duragesic 25 mcg patch 90 in quantity. The patient has been taking Duragesic patches since 01/10/2014. The 01/10/2014 report states that the patient has been taking Duragesic patches from 25 mcg every two days down to 12 mcg every two days. She reports she is having more soreness in the lower back and notes that her overall function capacity is decreased. The 02/07/2014 report states that the patient has begun taking 25 mcg Duragesic patches every 3 days. The MTUS Guidelines page 44 states Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. MTUS page 78 requires outcome measures such as current pain, average pain, least pain, and time it takes for the medication to take effect and duration of pain relief with medication to be documented. Discussion regarding the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) are required as well. Review of the reports does not provide any discussion as to how Duragesic patches impacted the patient in terms of functional improvement or pain reduction. No discussions are provided regarding opiate monitoring such as urine drug screen (UDS) and outcome measures. The request is not medically necessary.