

Case Number:	CM14-0123374		
Date Assigned:	08/08/2014	Date of Injury:	04/05/2002
Decision Date:	01/26/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 56 year old patient with a date of injury of 04/06/2002. Medical records indicate the patient is undergoing treatment for chronic cervical and lumbar disc disease, chronic pain syndrome, morbid obesity, history of bilateral carpal tunnel syndrome, opioid dependence, depression, and insomnia. Subjective complaints include neck and back pain. Objective findings include alert and well groomed but "a little down in affect." The patient's lumbar and cervical range of motion is limited with flexion, extension and side bending, marked tenderness on palpation of cervical, thoracic and lumbar paraspinals, right buttock and right greater trochanter and negative straight leg raise. Treatment has consisted of psychotherapy, acupuncture, physical therapy, aqua therapy, pain program, Celebrex, Nuvigil, Fentanyl, Oxycodone, Temazepam, Wellbutrin XL, Flexeril, Celebrex, Allopurinol, Metformin, L-Thyroxine, Butrans patch. The Utilization Review determination was rendered on 07/11/2014 recommending non-certification of Fentanyl DIS 75 mcg/hr days supply: 30 QTY: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 75 mcg/hr Days supply: 30 QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 115, 78, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System), Opioids Page(s): 44, 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list

Decision rationale: The California MTUS states and Official Disability Guidelines agree: "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 . . . 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." Official Disability Guidelines does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does include pain assessments and includes current, least, and average pain levels. This patient has been on this opioid far in excess of the guideline recommended two weeks. As such, the request for Fentanyl DIS 75 mcg/hr days supply 30 QTY 10 is not medically necessary.