

Case Number:	CM14-0191105		
Date Assigned:	11/24/2014	Date of Injury:	07/01/1997
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 57-year-old female who reported an injury on 07/01/1997. The mechanism of injury was not provided. The diagnoses included status post L5-S1 AP fusion and laminectomy complicated by screw displacement and injury to the right S1 nerve root; an L4-5 disc bulge with stenosis; chronic pain syndrome secondary to L5-S1 anterior fusion with laminectomy; anxiety disorder secondary to recent medication and treatment denials; and major depression, single episode, severe secondary to recent medication denials. Diagnostics were not provided. The current medication included Cymbalta 30 mg, fentanyl 75 mcg patch, Atarax, and oxycodone. Prior treatments included physical therapy, TENS unit, and injections. In the 10/29/2014 clinical notes, the injured worker reported 75% pain relief on the left low back following a sacroiliac joint injection. The injured worker rated her pain a 5/10 to the cervical region. Aggravating symptoms included standing. What relieved the pain the most was medication, exercise, and resting. Her plan was renewal of fentanyl. This request for authorization dated 11/17/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, ongoing management and opioid dosing Page(s): 44, 78, 86.

Decision rationale: The request for fentanyl patch 75mcg, #15 is not medically necessary. The California MTUS does not recommend the use of a fentanyl transdermal system as the first line of therapy. Duragesic is a trademark of the fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly through the skin. The FDA approved product labeling states that Duragesic is indicated for the management of chronic pain in injured workers who request continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of objective improvement in function, an objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The dosing of all opioids should not exceed 120 mg of oral morphine equivalent per day. Per the clinical notes provided, the cumulative dose was not provided. The clinical notes did not provide an objective physical examination of the injured worker. It is also noted that the injured worker had gotten an epidural steroid injection which relieved her pain by 75%; thus, decreasing the need for narcotic use. Review of the guidelines also indicates that fentanyl should not be the first line treatment. Therefore, the request for Fentanyl patch 75mcg, #15 is not medically necessary.