

Case Number:	CM14-0067207		
Date Assigned:	11/20/2014	Date of Injury:	04/05/2002
Decision Date:	01/08/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 female who suffered an industrial related injury. The treating physicians report dated 9/25/13 listed diagnoses of "cervical disc and lumbar disc". The report also noted the injured worker had continued to take her medications and that pain was mostly controlled but there were episodes without pain control. The treating physician's report dated 2/13/14 noted that pain was regularly not controlled with pain being an average of 7 out of 10. The injured worker was seen by a psychiatrist on 11/14/13 and the treating psychiatrist noted the injured worker seemed anxious, irritable, and very depressed. It was also noted that the injured worker was becoming more physically weak. On 4/18/14 the utilization review (UR) physician denied the request for Fentanyl Disc 75mcg/hour with a quantity of 15. The UR physician noted the medical records provided did not provide an evidence based rationale that meets the Medical Treatment Utilization Schedule guidelines for continued use of Fentanyl patches. There was also no documentation provided of urine drug screening for verification of compliance nor was there documentation that the injured worker signed an agreement with the treating physician for use of chronic opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Disc 75mcg/hr #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System), Opioids Page(s): 44, 47,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Duragesic (fentanyl transdermal system) Page(s): 75-81; 68.

Decision rationale: Duragesic (fentanyl transdermal system) is 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. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutical (both subsidiaries of Johnson & Johnson). 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. According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of Fentanyl and other opioids. The patient was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore the request for Fentanyl disc is not medically necessary.