

Case Number:	CM15-0107153		
Date Assigned:	06/11/2015	Date of Injury:	11/28/2009
Decision Date:	07/16/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 77-year-old who has filed a claim for chronic low back pain (LBP), hip pain, and groin pain reportedly associated with an industrial injury of November 20, 2009. In a Utilization Review report dated May 9, 2015, the claims administrator failed to approve a request for Duragesic. The claims administrator referenced an April 22, 2015 RFA form in its determination as well as a progress note of April 16, 2015. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported ongoing complaints of low back pain status post failed lumbar fusion surgery. The applicant had comorbidities including coronary artery disease, diabetes, and asthma, it was reported. The applicant was getting progressively worse. The applicant was not able to exercise at all. The applicant was not able to clean her home, it was reported. 9/10 pain was reported "all of the time." The applicant was placed off work while housekeeping services, aquatic therapy, and hip corticosteroid injection therapy were sought. Duragesic was endorsed. The attending provider framed the request as a first-time request noting that previously provided oral Tylenol had not proven effectual. The attending provider stated that the applicant was not able to tolerate other oral opioids, having alleged allergies to Vicodin and codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Duragesic patch 25 mcg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

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

Decision rationale: Yes, the request for Duragesic, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. While page 44 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Duragesic (fentanyl) is not recommended as a first line therapy and should be reserved for chronic pain applicants who require continuous analgesia which cannot managed through other means, here, however, the requesting provider stated on April 16, 2015 that the requesting in question represented a first-time request for Duragesic (fentanyl). The requesting provider stated that the applicant had alleged issues with allergies to Vicodin, codeine, and other oral opioids. The attending provider stated over-the-counter agent such as Tylenol had not proven effective in ameliorating the applicant's pain complaints. Moving forward with a trial of Duragesic (fentanyl) was, thus, indicated. Therefore, the first-time request for Duragesic (fentanyl) was medically necessary.