

Case Number:	CM15-0140936		
Date Assigned:	07/30/2015	Date of Injury:	06/04/2010
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 46 year old male, who sustained an industrial injury on 6-4-2010. He reported cumulative type injury to bilateral upper extremities and the low back. Diagnoses include low back pain, right lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, chronic pain syndrome, numbness, and lumbar disc disease, status post bilateral carpal tunnel release and status post cubital tunnel release. Treatments to date include medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of low back and arm pain. The medical records documented that medications were helpful allowing him to work and volunteer. Pain was rated 5 out of ten VAS with medications and ten out of ten VAS without medications. Current medications were listed to include Fentanyl patches for chronic pain, Norco for breakthrough pain and soma as needed for muscle spasm. On 6-16-15, the physical examination documented tenderness in lumbar muscles, sciatic notches and sacroiliac joints. The straight leg raise was positive on the right side. There was tenderness in the elbows noted. The plan of care included a prescription for Fentanyl patches 50mcg per hour #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr patches #10: Upheld

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

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

Decision rationale: "Duragesic (Fentanyl transdermal system). 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 [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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 opioids and Soma, an addicting drug. The patient was prescribed high dose of opioids 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 prescription of Fentanyl 50mcg/hr patches #10 is not medically necessary.