

Case Number:	CM15-0183500		
Date Assigned:	09/24/2015	Date of Injury:	05/08/1997
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 injured worker is a 56 year old female, who sustained an industrial injury on 05-08-1997. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, degeneration of intervertebral disc of cervical region, and myalgia and myositis. Treatment and diagnostics to date has included urine drug screen and medications. Current medications include Fentanyl, Zoloft, and Ativan. In a progress note dated 08-31-2015, the injured worker reported aching pain at the base of the neck radiating down to the right intrascapular area and lumbosacral pain. The injured worker rated her pain 1 out of 10 with pain medication and 10 out of 10 without pain medication and stated that with the Fentanyl, she is "able to go grocery shopping, cook, clean her house, drive, and go to dinner with her husband". The treating physician noted that urine drug screen dated 07-06-2015 was "consistent with compliance". Objective findings included limited neck range of motion, palpable muscle spasms of bilateral trapezius, and tenderness to palpation to paralumbar region and pre-sacral region. The request for authorization dated 09-02-2015 requested Fentanyl (Duragesic) 75mcg per hour transdermal #15 and Zoloft. The Utilization Review with a decision date of 09-10-2015 modified the request for Fentanyl 75mcg per hour transdermal patch #15 to Fentanyl 75mcg per hour transdermal patch #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr transdermal patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do indicate that the injured worker has significant pain reduction but there is a lack of objective functional improvement as a result of chronic opioid treatment. The available documentation reveals that the injured worker was placed on fentanyl patches in order to wean her off-of the drug Ativan. The documentation also reveals that she is receiving the drug Valium from a different provider. In addition, she has requested to be entered into a detoxification program. In light of the aberrant behavior and her desire to enter a detox program, fentanyl should be weaned at this point. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Fentanyl 75mcg/hr transdermal patch #15 is determined to not be medically necessary.