

Case Number:	CM15-0184051		
Date Assigned:	09/24/2015	Date of Injury:	05/10/1998
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68-year-old male who sustained an industrial injury on May 10, 1998. Diagnoses have included degenerative disc disease, status post total knee replacement, chronic low back pain, chronic pain syndrome, and osteoarthritis of the knees. Documented treatment includes knee surgery, and medication including Norco, Ibuprofen and Fentanyl 150 mcg daily. The physician states that the injured worker has used up to 300 mcg per day. On 3-26-2015, he requested a trial of decreasing his dose from what was then 200 mcg per day to 150 mcg. On 9-2-2015, the injured worker presented with mid low back pain characterized as "sharp," radiating down his right leg to the calf including some numbness in the right leg. He stated it was a constant pain and interfered with "daily activities and sleep" leading him to recently start using a cane. He reported his pain level at 6 out of 10, and the physician noted that he used an antalgic gait with use of the cane, with "marked" decreased range of motion from the lumbar "due to pain and stiffness." The treating physician's plan of care includes increasing fentanyl back to 200 mcg daily. On 6-1-2015 it is noted that past attempts at dose reduction provided "suboptimal relief" and affected activities of daily living resulting in a sedentary lifestyle. The medical records provided did not reference a pain agreement or recent urinary drug analysis. A request was submitted for 20 Fentanyl patches at 100 mcg-hr, to be used 2 every 72 hours. This was modified on 9-4-2015 to 10 Fentanyl patches of the same dose. The injured worker is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg/hr patch, Qty 20, 2 patches every 72 hrs: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list.

Decision rationale: CA MTUS states and ODG agrees: 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. 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. ODG does not recommend the use of opioids except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the medical documentation provided does not include a consistent urine drug screen or opioid agreement. As such, the request for Fentanyl 100 mcg/hr patch, Qty 20, 2 patches every 72 hrs is not medically necessary.