

Case Number:	CM15-0185768		
Date Assigned:	09/28/2015	Date of Injury:	03/04/1994
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 73 year old female who sustained an industrial injury on 03/04/1994. In a review of the medical records (02-05-2015 through 08-26-2015) it is noted the worker is treated for lumbago, pain in joint-pelvis-thigh, enthesopathy of hip, and lumbosacral neuritis. She also has fibromyalgia. The worker has been treated with Fentanyl 50 MCG/hr transdermal patches, and Norco 10 mg-325 mg tablets since at least 02-05-2015. The worker was described as stable on her current meds and able to do activities of daily living with the exception of gardening and shopping. On the visit of 07-29-2015, the worker complains of ongoing low back pain. She also complains of diffuse muscle pain throughout her body. According to the medical notes her medication does significantly reduce her pain. She has tenderness at the lumbar spine, tenderness at the facet joint with decreased flexion, extension, decreased lateral bending and decreased rotation. The sacroiliac joints have positive sacral compression and positive sacral thrust. She has tenderness at the right sacroiliac joint. On right palpation the worker has tenderness at the joint line with tenderness along the greater trochanter and along the femur. Her right range of motion has crepitus, decreased flexion, and pain with flexion, decreased extension and decreased abduction. The worker has a pain contract and urine drug screens were consistent with medication with the exception of 03-31-2015 when a positive meprobamate showed. Her medications have continued to be Fentanyl patches and Norco. There is no indication of other prescribed medications, or of attempts to wean the Fentanyl. The worker remains off work and is described in the 07-29-2015 provider note as permanently disabled. A request for authorization

was submitted for Fentanyl patch 50 mcg/hr patch #10: A utilization review decision 08/26/2015 non-certified the Fentanyl Patch 50MCG/Hr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg/hr patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 rationale: Per MTUS CPMTG with regard to Duragesic: "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." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 7/29/15, the injured worker rated her pain 8/10 with medication, 10/10 without medication. She noted that she was able to cook, do laundry, shop, dress, drive, perform self care, and ambulate without assistive device. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/30/15 was positive for opiates. The injured worker's morphine equivalent dose is below 120. I respectfully disagree with the UR physician's assertion that the medical records do not support ongoing opiate therapy, the request is medically necessary.