

Case Number:	CM15-0201240		
Date Assigned:	10/16/2015	Date of Injury:	06/13/2008
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury on 6-13-08. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with stenosis and radiculitis, chronic pain syndrome and depression. Past medical history was significant for bipolar disorder, gastric bypass and bleeding ulcers. Recent treatment included home exercise, psychiatric care and medication management. In a PR-2 dated 10-6-14, the injured worker complained of ongoing low back pain with radiation to the left lower extremity. The injured worker reported doing better since being back on Fentanyl. The injured worker reported that he was trying to be more active and that he was doing more housework. The treatment plan included continuing Fentanyl and Percocet. In PR-2's dated 11-6-14, 12-12-14, 3-16-15, 4-13-15, 5-19-15 and 6-23-15, the injured worker complained of pain rated 6 to 8 out of 10 without medications and 3 to 4 with medications. In a PR-2 dated 9-15-15, the injured worker complained of ongoing low back pain with radiation to bilateral thighs, rated 6 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. The injured worker reported having good pain control over the past month with the use of Fentanyl patches and Percocet. The injured worker continued to walk for exercise and reported that he was able to walk for about 30 minutes with medication but could not walk at all without medications. The physician noted that medications provided functional improvement and improved sleep, allowing the injured worker to perform activities of daily living. Physical exam was remarkable for lumbar spine with paraspinal tenderness to palpation, "decreased" lumbar spine range of motion due to pain, 1+ Achilles deep tendon reflex bilaterally and "altered" sensation to the left

thigh. The injured worker walked with a "slightly" antalgic gait. The treatment plan included Lyrica 50mg three times a day and prescriptions for Percocet 10-325mg twice a day as needed and Fentanyl 75mcg, 1 patch every three days. On 9-22-15, Utilization Review noncertified a request for Fentanyl patch 75mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

Decision rationale: Per CA MTUS Chronic Pain Guidelines, Fentanyl: Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet). Per the CA MTUS section on opioids, Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Fentanyl is a long-acting opioid. 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. See Fentanyl. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of documented percentage of relief, demonstration of urine toxicology compliance or return to work from the exam note of 9/15/15. Therefore the determination is for non-certification, not medically necessary.