

Case Number:	CM15-0202304		
Date Assigned:	10/19/2015	Date of Injury:	03/03/2001
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 56 year old female patient, who sustained an industrial injury on 3-3-01. The diagnoses include lumbar facet syndrome, piriformis syndrome and post lumbar laminectomy syndrome. Per the doctor's notes dated 8-31-15 and 9-21-15 she had complaints of back pain that radiates down her legs bilaterally. Physical examinations dated 8-31-15 and 9-21-15 revealed restricted lumbar range of motion due to pain, tenderness to palpation and tight muscle band at the paravertebral muscles bilaterally, unable to heel-toe walk, straight leg raise positive bilaterally and positive lumbar facet loading bilaterally. The medications list includes senna, duragesic, neurontin, wellbutrin XL, phenergan, atorvastatin, trazodone, medrol and amlodipine. The patient also received alprazolam and diazepam from other doctor and understands interactions between opioid and benzodiazepines. She has undergone L5-S1 fusion. She had a lumbar CT scan on 6/11/14 which revealed solid L5-S1 fusion, moderate canal and left foraminal stenosis at L4-5. She has had lumbar spine x-rays. Treatment to date has included medications; Phenergan, Neurontin, Duragesic (minimum of 6 months), reduce her pain from 8 out of 10 to 4.5 out of 10 and allows her to remain functional. She had a urine drug screen dated 9-21-15 with consistent findings for duragesic and gabapentin and inconsistent for norfentanyl and caffeine; on 5/11/15 which was inconsistent for wellbutrin, amphetamine, ethyl sulphate and ethyl glucuronide. A request for authorization dated 9-28-15 for retrospective Duragesic patch 50 mcg #15-date of service 9-21-15 is non-certified, per Utilization Review letter dated 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Duragesic 50mcg/hr Patch #15 (DOS: 09/21/2015): Upheld

Claims Administrator 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, 2014, Fentanyl, Duragesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Retrospective: Duragesic 50mcg/hr Patch #15 (DOS: 09/21/2015). According to MTUS guidelines 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." According to MTUS guidelines Fentanyl is "not recommended as a first-line therapy." 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." In addition, according to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects... Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. She had a urine drug screen dated 9-21-15 with consistent findings for duragesic and gabapentin and inconsistent for norfentanyl and caffeine; on 5/11/15 which was inconsistent for wellbutrin, amphetamine, ethyl sulphate and ethyl glucuronide. This patient did not meet criteria for ongoing continued use of opioids analgesic. The Retrospective: Duragesic 50mcg/hr Patch #15 (DOS: 09/21/2015) was not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.