

Case Number:	CM15-0207861		
Date Assigned:	10/26/2015	Date of Injury:	05/02/2007
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 5-2-07. The injured worker was diagnosed as having myalgia and myositis NOS; lumbago, lumbosacral neuritis NOS, and lumbar post laminectomy syndrome. Treatment to date has included physical therapy and medications. Currently, the PR-2 notes dated 9-14-15 indicated the injured worker complains of low back pain. He describes the pain as sharp, stabbing, and is reported by the provider "to be 6 on the NRS pain scale." Pain escalators are activity and pain relief is pain medications. The provider notes he is currently using Norco, fentanyl, ibuprofen, Flexeril, and Prozac as prescribed. His notes indicate he has had physical therapy, but there is no date when this took place or sessions completed. There is no indication of a home exercise program. PR-2 notes submitted dated 4-1-15, 5-20-15, 6-11-15, 6-17-15, 6-30-15, 7-15-15 indicate the injured worker's current medication regimen included transdermal fentanyl 25mcg-hr and fentanyl 12mcg-hr on these office visits. Pain levels stayed consistently the same throughout the visits of "6 out of 10." A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 9-24-15 and MODIFIED THE CERTIFICATION for fentanyl 25mcg/hr, #15 to allow #10. Please note that Utilization Review approved a portion of the request: fentanyl 12mcg/hr, #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duragesic (fentanyl transdermal system).

Decision rationale: Per the cited CA MTUS guidelines, fentanyl is an opioid analgesic with eighty times the potency of morphine. Weaker opioids are less likely to produce adverse effects, and since fentanyl is a stronger opioid, it is not recommended as a first-line therapy for chronic pain. However, per the ODG, fentanyl transdermal system is indicated in the management of chronic pain for injured workers who require continuous opioid analgesia for pain when it cannot be managed by other means. Additionally, due to the significant side effects of fentanyl transdermal patches, they are not for use in routine musculoskeletal pain. When fentanyl is prescribed for the control of chronic pain, and neuropathic pain that has not responded to first-line medications, there should be documentation of the 4 A's to include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes through 9-14-15 did not include documentation of pain with and without medication on the visual analog scale (only one value given), significant adverse effects, pain contract on file, objective functional improvement, and improved activities of daily living. However, a recent urine drug screen was conducted on 8-17-15, but the results were inconsistent with medications prescribed. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines. Based on the available medical information, fentanyl 25mcg/hr #15 is not medically necessary and appropriate for ongoing pain management.