

Case Number:	CM15-0219291		
Date Assigned:	11/12/2015	Date of Injury:	09/17/2010
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 9-17-2010. The injured worker is being treated for cervical radiculopathy, lumbar radiculopathy, status post lumbar spine fusion, bilateral carpal tunnel syndrome status post release (right) with delayed fusion, anxiety, gastroesophageal reflux disease (GERD), iatrogenic opioid dependency, medication related dyspepsia and nausea. Treatment to date has included surgical intervention (right carpal tunnel release, lumbar fusion, undated, and right trigger thumb release on 10-13-2015), diagnostics, and medication management. Per the Pain Medicine Reevaluation dated 10-09-2015, the injured worker presented for pain medicine follow-up visit and reexamination. She reported neck pain with radiation down the upper extremities, low back pain with radiation down the bilateral lower extremities, pain in the left elbow and left shoulder, and bilateral hands and thumbs. She has ongoing daily occipital headaches, insomnia and depression and anxiety. She rates her pain as 5-7 out of 10 on average with medications since the last visit and 9-10 out of 10 in intensity on average without medications since the last visit. She reports that her pain has worsened since the last visit. Objective findings included vertebral tenderness of the cervical spine C6-7 with moderately limited range of motion due to pain. She is awaiting bilateral hand surgery and right thumb surgery (scheduled for 10-13-2015). She was seen for an initial detox evaluation 8-2015 but no follow-up scheduled. She continues to take OxyContin and Oxycodone as prescribed while she awaits detox to assist in discontinuation of the medication as they should not be abruptly stopped. She has developed a high tolerance to opiates and when medicine gets denied she gets unbearable pain and withdrawal symptoms. Weaning of opioid medications has

been unsuccessful with multiple attempts over the past year. Work status was determined by her PTP. She is currently not working. The plan of care included follow-up care and a detox program after hand surgery. She is not a candidate for weaning due to her psychiatric diagnosis and past failures. The IW is prescribed oral opioids for pain. There is no documentation regarding the need for opioid transdermal medication. Authorization was requested for Fentanyl patch 75mcg #5. On 10-29-2015, Utilization Review non-certified the request for Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75mcg #5: 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): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no indication that the injured worker's post-operative pain will not be managed with her oral opioid medications. The request for Fentanyl patch 75mcg #5 is determined to not be medically necessary.