

Case Number:	CM15-0220558		
Date Assigned:	11/13/2015	Date of Injury:	04/14/1991
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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:

The injured worker is a 71 year old female, who sustained an industrial injury on 4-14-1991. She reports right knee pain. The injured worker was diagnosed as having chronic degenerative joint disease, right knee. Treatment to date has included medication and knee brace. The records indicate the IW has been on the Fentanyl patch since 2-2-2010. Per the 7-7-2015 office notes, the IW rated her right knee pain a 5 out of 10 on the pain scale. It was noted that she required a knee brace and Fentanyl transdermal patch in order to perform her functional activities of daily living. Her extremities are without evidence of trauma. The UR decision, dated 10-30-2015, denied request for Fentanyl patch, 12 mcg, and quantity 10. The request for authorization, dated 11-4-2015 is for Fentanyl patch, 12 mcg, and quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 12 mcg, Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Duragesic (Fentanyl transdermal system).

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

Decision rationale: Per CA MTUS Chronic Pain Guidelines "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." In this case, there is no evidence of failure of a first-line agent. Thus, the prescription is not medically necessary and the recommendation is for non-certification.