

Case Number:	CM15-0058014		
Date Assigned:	04/02/2015	Date of Injury:	09/19/2002
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, who sustained an industrial injury on September 19, 2002. The exact mechanism of injury on this date is unknown. The injured worker was diagnosed as having chronic neck pain, status post cervical fusion, postlaminectomy syndrome, myofascial pain and trigger points. Treatment to date has included surgery, physical therapy, epidural steroid injections, acupuncture, massage, yoga, psychotherapy and medications. On March 3, 2015, the injured worker complained of constant neck pain and shoulder pain rated as a 7 on a 1-10 pain scale. The symptoms were noted to have a significant impact on activities of daily living. She noted that her medications are effective enough that she is able to perform activities of daily living. The treatment plan included a consultation with a pain management specialist, acupuncture treatment and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Duragesic (Fentanyl Transdermal System) Page(s): 74-95; 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 68.

Decision rationale: According to MTUS 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, the patient continued to have neck pain despite the use of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl 100 mcg Qty 15 is not medically necessary.