

Case Number:	CM15-0085652		
Date Assigned:	05/08/2015	Date of Injury:	01/11/1984
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, 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:

The injured worker is a 75 year old male who sustained an industrial injury on 01/11/1984. Current diagnoses include multi-level lumbar disc bulges, lumbar facet hypertrophy with neuroforaminal stenosis and effacement of existing L5 nerve roots, bilateral L5 radiculopathies, lumbar facet syndrome, status post bilateral knee replacement, right shoulder impingement syndrome, and chronic myofascial pain syndrome. Previous treatments included medication management, right shoulder injection, bilateral knee replacement, and home exercise program. Report dated 04/02/2015 noted that the injured worker presented with complaints that included severe constant low back pain and right shoulder pain radiating to the mid back and low back. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for hyper-extension maneuver of lumbar spine, right shoulder impingement test is positive, paravertebral muscle spasms and tenderness, and straight leg test is positive bilaterally. The treatment plan included a request for updated MRI and Duragesic patch, discontinue Norflex, continue Protonix and Relafen, and continue home exercise program. Disputed treatments include Duragesic patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 25mcg every 3 days #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl
Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 claimant had Duragesic (Fentanyl) for several months. There was no indication of failure of other opioids or pain reduction score with medication in the last visit. Continued and chronic use is not medically necessary.