MAXIMUS Federal Services

Case Number:	CM15-0087506		
Date Assigned:	05/11/2015	Date of Injury:	09/17/2002
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, 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:

This is a 63 year old female patient, who sustained an industrial injury on 9/17/02. She sustained the injury due to slipped and fell on wet pavement. The diagnoses include back pain, chronic pain and pain management. Per the doctor's note dated 3/17/15, she had complains of chronic back pain unchanged from previous visits. Physical exam noted pain in thoracic and lumbar region with radiation to both sides and positive radiculopathy to right side. The medications list includes duragesic patch, paroxetine and ambien. Treatment to date has included oral medications and Duragesic transdermal patch and home exercise program. She has had an abnormal urine drug screen on 8/26/14 as opioids were not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg/hr transdermal patch Qty: 10 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80- Fentanyl page 47.

Decision rationale: Request: Duragesic 12mcg/hr transdermal patch Qty: 10 patches. According to MTUS guidelines Fentanyl "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Fentanyl is "not recommended as a first-line therapy.
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 addition, according to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. She had previously had an abnormal urine drug screen in 8/2014 as opioids were not detected. This patient did not meet criteria for ongoing continued use of opioids analgesic. The Duragesic 12mcg/hr transdermal patch Qty: 10 patches are not medically necessary for this patient.