

Case Number:	CM14-0104591		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2002
Decision Date:	09/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female who was injured on 12/04/2002 when she tripped over loose carpet. The patient underwent left knee arthroplasty 2006. Prior medication history included Bentyl, Lasix, Norco, Voltaren gel, Zanaflex, and Xanax. Progress report dated 01/29/2014 states the patient complained of left knee pain and low back pain. She rated her pain as 8-9/10 when performing any activity. Her low back pain radiates to the right lower extremity to the knees. The pain often radiates to both knees. Progress report dated 06/26/2014 documented the patient's symptoms were unchanged. The patient reported she is able to perform with her medication. She had a CURES report performed on 11/02/2012 which found the patient to be compliant on her medication. She has a request for Fentanyl patch to document functional improvement. She has a diagnosis of osteoarthritis of the knee, sacroilitis, degeneration of the lumbar disk, lumbar stenosis, and lumbosacral spondylosis without myelopathy. Prior utilization review dated 06/30/2014 states the request for Fentanyl Dis 50mg/hr; Quantity #20 is modified for 2 months as it is appropriate and allowed for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 50mg/hr; Quantity #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115,Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96.

Decision rationale: Per guidelines, Fentanyl is 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. 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, requiring continuous, around-the-clock opioid therapy. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the medical records indicate that the IW has chronic pain and has been on chronic opioid therapy. However, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with chronic use. Refill of Duragesic was previously modified to allow for weaning. Therefore, due to lack of documentation and per guidelines, this request is not medically necessary.