

Case Number:	CM14-0125520		
Date Assigned:	09/24/2014	Date of Injury:	04/25/2001
Decision Date:	10/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Louisiana. 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 43 year old female who was injured on 04/25/2001. The mechanism of injury is unknown. Past medication history as of 09/02/2014 included Dilaudid 4 mg, Fentanyl 50 mcg/hr patch, hydrocodone/APAP, tizanidine-zanaflex Hcl 4 mg, Nexium 40 mg, Ketamine 5% cream, and Gabapentin 600 mg. The patient's medications as of 03/10/2014 included Dilaudid 4 mg, hydrocodone/APAP, tizanidine-Zanaflex Hcl 4 mg, Nexium 40 mg, Ketamine 5% cream, Lidoderm 5% patch and Gabapentin 600 mg. Progress report dated 09/02/2014 states the patient complained of persistent shoulder pain and low back pain. She reportedly was using Dilaudid, Norco, and Fentanyl patch which provided her with good functional improvement. On exam, she has left lumbar paraspinal trigger point noted at L4, L5, and S1. She has been diagnosed with sciatica, pain in shoulder joint, post-laminectomy lumbar syndrome and status post left shoulder surgery. The patient has been recommended to continue with Fentanyl 50 mcg/hr patch which she has been utilizing since 01/28/2014. Prior utilization review dated 01/28/2014 states the request for Fentanyl Patch mcg/h patch #10 is modified to certify Fentanyl patch #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch mch/h patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Fentanyl Patch, a potent opioid, is not recommended as a first-line therapy and is indicated in the management of chronic pain for continuous opioid analgesia for pain that cannot be managed by other means. In this case, there is a lack of supporting documentation indicating any evidence Fentanyl Patch being beneficial and there has also been documentation of side effects with the use of this treatment. Given the above the request is not medically necessary.