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| Case Number: | CM14-0131761 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 04/05/2001 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 64-year-old male who has submitted a claim for pain in joint involving the lower leg, depression/anxiety, chronic pain due to trauma, degeneration of cervical intervertebral disc, low back pain, spinal stenosis of lumbar region, and thoracic or lumbosacral radiculopathy associated with an industrial injury date of April 5, 2001. Medical records from 2014 were reviewed. The patient complained of back pain, rated 6-9/10. The pain radiates to the left arm and right arm. It was described as numbing, piercing, sharp, shooting, and stabbing. It was aggravated by changing positions, daily activities, lying/rest, rolling over the bed, standing, and walking. Physical examination showed pain on the both shoulders, both arms, pericervical, periscapular, and trapezius. Range of motion of the cervical spine was limited. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, aqua therapy, home exercise program, activity modification, and lumbar facet injections. Utilization review, dated August 13, 2014, modified the request for Fentanyl 25mcg patch #15 to Fentanyl 25mcg patch #10 because the documentation addressed functional benefit with on-going use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic; Fentanyl (transdermal) Page(s): 44; 93.

Decision rationale: Page 44 of California MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). In this case, patient has been on Fentanyl patch since May 5, 2014. Rationale for the request was not indicated. Objective evidence of functional benefit from the medication was not provided by the medical records submitted for review. Moreover, there was no objective evidence of failure of first-line treatment such as oral pain medications and physical therapy that would warrant its use. The medical necessity has not been established. Therefore, the request for Fentanyl 25mcg patch #15 is not medically necessary.