

Case Number:	CM14-0140023		
Date Assigned:	09/08/2014	Date of Injury:	11/27/1998
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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 61 year old male who was injured on 11/27/1999 while he was lifting. Prior medication history included Effexor, Lidoderm 5% patch, Zanaflex 6 mg, Cymbalta, Ambien, and Zonegram. Progress report dated 07/21/2014 states the patient presented for follow-up of pain management and had complaints of pain in the bilateral arms, bilateral legs, neck and bilateral shoulders; bilateral knees, bilateral low back. On exam, the patient did not appear to be in an overmedicated state. The patient is diagnosed with low back pain, failed back surgery, lumbar back pain with radiculopathy; bilateral shoulder impingement. He was recommended to continue with medications including Duragesic patches. The patient rated his pain as 4/10 with medications and 7/10 without medications. Prior utilization review dated 08/12/2014 states the request for Duragesic 100 mcg/hr patches, qty: 30 is partially certified for 15 patches for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100 mcg/hr patches, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), page(s) 44 & Fentanyl transdermal

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Duragesic patches are 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. Guidelines state that the lowest possible dose should be prescribed to improve pain and function and ongoing management of opioids should include reviews and documentation of pain relief, functional improvement, appropriate medication use, and side effects. With the lack of supporting documentation, there is no indication of progression or functional improvement for the ongoing use of Duragesic patches. Therefore, this request is not medically necessary.