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| Case Number: | CM13-0070376 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 04/10/2005 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 57 year old female, who sustained an industrial injury on April 10, 2005. The diagnoses have included L3-L4 2mm x 3mm left disc bulge and L4-L5 2mm disc bulge on MRI scan of December 5, 2007, chronic left L5 radiculopathy on electromyography (EMG) performed April 13, 2006, status post left knee arthroscopy on November 4, 2009, left carpal tunnel syndrome, left greater trochanteric bursitis, depression secondary to chronic pain, acute posttraumatic sprain and strain cervical spine, posttraumatic chest contusions, acute posttraumatic sprain and strain left shoulder, status post left carpal tunnel release surgery, and status post repeat left knee arthroscopy on December 27, 2011. Treatment to date has included cognitive behavioral therapy, left carpal tunnel repair, left knee arthroscopic surgery, L4-L5 and L5-S1 facet rhizotomy on January 31, 2013, H-wave, and medications. Currently, the injured worker complains of increased low back and left leg pain, left knee pain, neck pain, and left shoulder, elbow, wrist, and hand pain. The Primary Treating Physician's report dated August 22, 2013, noted the injured worker reported up to 70% improvement in her symptoms due to the medications. The injured worker was noted to have mild bilateral lumbar paraspinous tenderness, and mild tenderness about the left knee. On December 13, 2013, Utilization Review non-certified Fentanyl 50mcg/hour patch #15, noting the request was modified to allow for Fentanyl 50mcg/hour patch every 48 hours #15 to allow for continued use for weaning purposes, which should occur over the next 3-4 months and then the medication should be completely discontinued. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability

Guidelines (ODG) were cited. On December 24, 2013, the injured worker submitted an application for IMR for review of Fentanyl 50mcg/hour patch #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, 2013, Pain Chapter: Duragesic (fentanyl transdermal system)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 75-81; Duragesic (fentanyl transdermal system) page 68..

Decision rationale: "Duragesic (fentanyl transdermal system). 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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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." According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of Fentanyl and other opioids. The patient was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore the prescription of Fentanyl 50mcg/hr patch #15 is not medically necessary.