

Case Number:	CM14-0217405		
Date Assigned:	01/07/2015	Date of Injury:	07/04/1995
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female who sustained a work related injury July 4, 1995. At an office visit dated December 2, 2014, the injured worker presented with persistent low back and left knee pain. An overview of medication was discussed and the injured worker noted that Wellbutrin works well for her mood and pain which is rated 2/10. Physical examination reveals palpation of the lumbar paraspinal muscle elicits moderate tenderness bilaterally. There is moderate tenderness to palpation of the left knee. Sensation is intact to upper and lower extremities bilaterally, except, hypersensitive to pinprick in the left lower extremity. Lumbar flexion is limited by 50%, extension 30%, and lateral flexion and rotation 40%. All range of motion caused discomfort but lumbar extension was painful. Diagnoses are documented as chronic left knee and low back pain; myofascial pain syndrome, and depression. Treatment plan included request for authorization for Fentanyl, MSIR and Wellbutrin; prescribed continued Neurontin, and Colace and continue home exercise. Work status is considered permanent and stationary. According to utilization review performed December 11, 2014, Wellbutrin and MSIR are certified. Fentanyl patch Mylan brand 25mcg #15 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. The pain cannot be managed by other means and should only be used in those who are currently on opioid therapy for which tolerance has developed. Prior determination per review 9/19/2014 was to wean. No new evidence has been submitted to contradict the prior determination. In

consideration of the duration of time since the aforementioned recommendation to wean, the provider has had sufficient time to complete the weaning process. Therefore, the request is not medically supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch mylan brand 25mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old female has complained of left knee pain and low back pain since date of injury 7/4/1995. She has been treated with physical therapy and medications to include opioids since at least 09/2012. The current request is for Fentanyl patch mylan brand 25 mcg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl patch mylan brand 25 mcg is not indicated as medically necessary.