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| Case Number: | CM15-0015635 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 03/13/2012 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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 46 year old female, who sustained an industrial injury on March 13, 2012. The diagnoses have included reflex sympathetic dystrophy, lumbar discogenic low back pain, hip pain, left arm fracture, spinal fusion and depression with anxiety. A progress note dated December 22, 2014 provides the injured worker has low back, lower extremity and right hip pain worsened due to cold weather. She rates pain 9/10 with medication and 10/10 without medication. Magnetic resonance imaging (MRI) done in July of 20123 show fusion at L5-S1, disc bulge L4-5 and L5-S1 joint facet arthropathy. Physical exam reveals no acute distress, tenderness of lower par spinal muscles, hyper sensitivity and atrophy of left leg with antalgic gait. On January 8, 2015 utilization review non-certified a request for S5001, Fentanyl patch 25mcg/hr. #13. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

S5001, Fentanyl patch 25mcg/hr. #13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 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 ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). 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. In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl patch 25mcg/hr. #13 is not medically necessary.