

Case Number:	CM15-0017915		
Date Assigned:	02/05/2015	Date of Injury:	04/12/2006
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial related injury on 4/12/06. The injured worker had complaints of low back pain with occasional left leg tingling and numbness. Physical examination findings included paravertebral muscle spasms, localized tenderness, and increased lumbar lordosis. Treatment included a low back injection and medications. Diagnoses included L5-S1 spondylolisthesis with bilateral S1 nerve root impingement, annular disc tear (L3-4, L4-5, and L5-S1), facet arthropathy with neuroforaminal stenosis (L3-4, L4-L5, and L5-S1), and left sided L5-S1 lumbar radiculopathy, chronic myofascial pain syndrome, and depression. Medications included Neurontin and Duragesic patches. The treating physician requested authorization for Duragesic 50mcg patches #10. ON 1/8/15 her pain was noted to be 2/10 without Duragesic. It worsens on rainy days. On 1/23/15 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the treating physician had planned to wean this medication over the next 6 months while restarting NSAIDs. Therefore the request was modified to a quantity of 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic/Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 claimant had minimal pain without Duragesic. There was no indication why the claimant cannot take a short-acting medication for breakthrough pain on rainy days. The Duragesic patch was not medically necessary.