

Case Number:	CM15-0115196		
Date Assigned:	06/23/2015	Date of Injury:	09/08/2004
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 09/08/2004. She has reported injury to the neck. The diagnoses have included cervicalgia; C5-C6 fusion with spondylosis acquisita at C4-5 and C6-7 with likely facet syndrome; myofascial pain, left shoulder and cervical spine; relative stenosis at C6-7 with left greater than right foraminal narrowing and likely radicular symptoms in both arms; and bilateral carpal tunnel release. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, home exercise program, home traction, and surgical intervention. Medications have included Trazodone, Zoloft, and Fentanyl patches. A progress note from the treating physician, dated 05/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening cervical pain with muscle spasms, headaches, and decreased range of motion; pain is rated at 7/10 on the visual analog scale; has had to start using a single-point cane due to left knee pain, as well as decreased flexibility throughout her spine; she continues to use the Fentanyl patch 12mcg, but is not noticing as much pain relief; she is currently only reporting 25% pain relief with the Fentanyl patch, and is requesting to discuss an adjustment to her medications; she has been out gardening and working; and the medication improves her ability to provide for her personal activities of daily living, family interaction, and continued employment. It is noted in the documentation that physical therapy and injections have been helpful in the past. Objective findings included tenderness to palpation over approximately C3, C4 bilaterally; she is positive to facet loading maneuvers; she has muscle spasms and is positive for snapping band radiculopathy and twitch response over the left splenius capitis, and the left

trapezius greater than the right; positive Tinel sign; and dermatomal testing over C5-6, 6-7 is mildly decreased on the left side. The treatment plan has included the request for Fentanyl patch 25mcg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Section Opioids Section Weaning of Medications Section Page(s): 44, 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. The injured worker has been utilizing the medication since early 2013 and has had the dosage increased on two separate occasions. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdraw symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. As this medication is no longer providing a decrease in pain of increase in function, it is not medically necessary. The request for Fentanyl patch 25mcg #15 is determined to not be medically necessary.