

Case Number:	CM15-0117883		
Date Assigned:	06/26/2015	Date of Injury:	05/02/2001
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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, Alabama, 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 64-year-old female who sustained an industrial injury on 05/02/2001. Mechanism of injury was not documented. Diagnoses include back pain/lumbago, post laminectomy lumbar region, and radiculopathy/radiculitis. Her comorbidities include hypertension, morbid obesity, osteoarthritis and chronic obstructive pulmonary disease. Treatment to date has included diagnostic studies, revision of lumbar surgery on 02/25/2015, medications, chiropractic sessions, and physical therapy. A partial list of her medications include Duragesic 50ug patch every 72 hours, Hydrocodone 10/300mg 1-2 three times a day as needed for breakthrough pain, Gabapentin 600mg 2 pills three times a day for peripheral neuropathy and Cymbalta 60mg daily. Her opioid risk, COMM score is 9. An unofficial Magnetic Resonance Imaging of the cervical spine revealed mild lower cervical spine degenerative change without stenosis or neuroforaminal narrowing. C4-C5 showed mild facet arthrosis and C6-7 showed a generalized disc bulge and mild facet arthrosis without canal stenosis or neuroforaminal narrowing. A physician progress note dated 05/19/2015 documents the injured worker has complaints of low back pain with radicular pain. A spinal cord stimulator was agreed upon and will need the psych evaluation results to proceed with the spinal cord stimulator. Her lumbar range of motion is restricted and painful. There is spasm and pain with palpation throughout. The treatment plan included her medications of Cymbalta, Gabapentin, Hydrocodone, and a request for a psychiatrist for medication management. Treatment requested is for Duragesic 50 mcg patch Qty 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50 mcg patch Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal therapeutic system.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: According to MTUS guidelines, 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. 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 Duragesic Patch 50mcg is not medically necessary.