

Case Number:	CM15-0121592		
Date Assigned:	07/02/2015	Date of Injury:	03/02/1993
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 65 year old female, who sustained an industrial injury on 3/2/1993. She reported injury to her low back. The injured worker was diagnosed as having lumbosacral pain, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, lumbar surgery, spinal cord stimulator, and intrathecal pump. The request is for one prescription of Fentanyl patch 100 mcg #30. On 1/27/2015, she complained of low back pain with radiation into the buttock and down both legs to the feet. She has a history of multiple failed back surgeries and is indicated to have severe sciatic nerve damage but with continued good response to her last transforaminal epidural with a 50-55% decrease in sciatic flare. She is noted to be more active and now able to cut back on her breakthrough pain medication. Neurontin and baseline pain control are noted to remain significantly better on stable dose of 100 mcg Fentanyl patch. She is noted to have not had improvement with a spinal cord stimulator trial or intrathecal pump trials. Physical findings revealed low back scar from surgery, tenderness in the low back area and positive straight leg raise testing on the left. The treatment plan included: continuation of the Neurontin, Fentanyl patch, and Prilosec. On 3/31/2015, she complained of low back pain with radiation down the legs to the feet. She is noted to have had a Toradol injection the previous week with continued severe flare. The treatment plan included: sacroiliac epidural injections, and continuation of Prilosec, Fentanyl, and Neurontin. On 6/9/2015, she complained of low back pain with radiation into the legs down to the feet. Her baseline pain control is noted to remain significantly better on Fentanyl patches which took her pain level from 10/10 to 5-6/10. She is

reported to have increased her ability to walk, cook, dress herself, and shower. The treatment plan included: continuing Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl patch 100mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioids Page(s): 47-, 74-95.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Fentanyl transdermal system is recommended only when the patient's pain cannot be managed by other means (e.g., NSAIDS). The guidelines state that fentanyl transdermal is indicated for management of persistent chronic pain which is moderate to severe and which requires continuous, around-the-clock opioid therapy. The guidelines state that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25mcg/h. The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records do indicate on 6/9/2015, that her pain level with the use of Fentanyl patches, decreased from 10/10 to 5-6/10, and that she was able to increase her activities of daily living. However, the records do not consistently document analgesia with each visit. The records do not indicate appropriate medication use, or side effects. The records do not indicate with the use of Fentanyl patches: her current pain level; her least reported pain over the period since the last assessment; her average pain; the intensity of pain after utilizing Fentanyl patches; how long it takes for pain relief to occur; and how long pain relief lasts. In addition the request of one prescription of Fentanyl patch 100 mcg #30 does not indicate the frequency of use. Therefore, the request of one prescription of Fentanyl patch 100 mcg #30 is not medically necessary.