

Case Number:	CM15-0122511		
Date Assigned:	08/03/2015	Date of Injury:	03/21/2000
Decision Date:	08/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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 61 year-old female who sustained an industrial injury on 03/21/2000. Initial diagnoses are not available. Current diagnoses include joint pain shoulder. Diagnostic testing and treatment to date has included radiographic imaging, EMG/NCV, and pain management. Currently, the injured worker complains of neck and right shoulder pain. The injured worker is stable and has improved quality of life with current treatment. Requested treatments include Duragesic 75mcg patch #15. The injured worker's status is not addressed. Date of Utilization Review: 05/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg patch #15: Upheld

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

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

Decision rationale: According to the guidelines, Duragesic is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. 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 claimant had been on Hydromorphone - short acting opioids. The claimant had been on the Duragesic for over a year. Baseline pain has reduced over time. Pain reduction due to Fentanyl vs. other medications is unknown. A weaning attempt or option for other long-acting oral medications was not provided. Continued use of Duragesic is not medically necessary.