

Case Number:	CM15-0126542		
Date Assigned:	07/14/2015	Date of Injury:	10/30/2007
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 male, who sustained an industrial injury on 10/30/07. Initial complaints were not reviewed. The injured worker was diagnosed as having spinal stenosis unspecified region; neck pain; other chronic pain. Treatment to date has included medications. Currently, the PR-2 notes dated 6/10/15 is hand written and difficult to decipher. The notes indication the injured worker has plateaued and complying with treatment regimen. He appears restless and agitated. The provider lists medications and recommends continuation of Xanax, Ambien, Celexa, Meloxicam, Fentanyl and Buspar. The injured worker remains off work. The treatment plan is to continue Wellbutrin, Xanax, Ambien, Celexa, Meloxicam, and Fentanyl. He also recommends Buspar 15 for 30 days and then discontinue. The provider is requesting authorization of Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fentanyl <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Fentanyl "Not recommended for musculoskeletal pain. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. Due to significant side effects, not for use in routine musculoskeletal pain. For more information and references, see Opioids for general guidelines, as well as specific Fentanyl listing for more information and references. See also Actiq (Fentanyl lollipop); Duragesic (fentanyl transdermal system); Fentora (Fentanyl buccal tablet); & Onsolis (fentanyl buccal film). On Jan 7, 2011, the FDA approved an immediate-release transmucosal tablet formulation of Fentanyl (Abstral; ProStraken, Inc) for the management of breakthrough cancer pain. Because Abstral is subject to abuse and misuse, the product was approved with a risk evaluation and mitigation strategy (REMS) that includes a restricted distribution program requiring registration of prescribers, pharmacies, and patients. It is not recommended as a first-line agent for musculoskeletal pain. (FDA, 2011) The DEA has issued a nationwide alert about the dangers of Fentanyl, saying that drug incidents and overdoses related to Fentanyl are occurring at an alarming rate throughout the U.S. and represent a significant threat to public health and safety. According to the National Forensic Laboratory Information System, state and local laboratories reported 3,344 Fentanyl submissions in 2014, up from 942 in 2013. Fentanyl is the most potent opioid available for use in medical treatment, 50 to 100 times more potent than morphine, and 30 to 50 times more potent than heroin. Fentanyl is extremely dangerous to law enforcement and anyone else who may come into contact with it." (DEA, 2015) There is no documentation for the need for high dose of opioids. There is no justification for the use of high dose of opioids including Fentanyl. There is no documentation of monitoring for side effects and compliance of the patient with his medications. Therefore, the request is not medically necessary.