

Case Number:	CM15-0172648		
Date Assigned:	09/14/2015	Date of Injury:	08/08/2004
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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 59-year-old female who sustained an industrial injury on 08-08-2004. Treatment to date has included medications, epidural steroid injections, physical therapy and surgery. According to a progress report dated 07-02-2015, the injured worker reported a lot of pain in her feet and her legs and seemed to be worse than the last time she was seen. "Carrier did not fill her duragesic patch". At times, she had excruciating pain and was not able to walk or do anything, or just bed bound. She reported persistent pain in her legs and numbness in her feet. Her toes and heels also hurt. She could not get up in the morning and could not do any exercise. The provider noted, "Basically unchanged symptoms all these years". The injured worker reported that she could not sleep and had to use sleeping pills. Her foot pain was "severe" at times and was numb. Walking was considerably more difficult, limited to less than 10 minutes and less and less after each break. Standing and walking were difficult. Pain level reached 9-10 on a scale of 1-10. At sleep, pain also increased to barely bearable level. He sleep had dropped significantly. Her feet were burning. Pain was "much better" with medications. There was no aberrant behavior and no adverse effects reported. She was capable of activities of daily living on medications. Current medications included Gabapentin and Fentanyl patch. She ran out of Norco for breakthrough pain and needed a refill. She was also taking Xanax. Urine drug screen was performed on 10-03-2014 at which time she was taking Gabapentin, Fentanyl and Alprazolam (another provider). Results showed Gabapentin, Fentanyl, Oxazepam, benzodiazepine. Objective findings included stable gait, significant paralumbar firmness, lumbar flexion 15 degrees, and extension 5 degrees, lateral flexion 12 degrees with slight mid-line pain.

Rotation and extension of the lumbar spine was limited without Kemp's. Lower extremity motor was 5 minus out of 5 and deep tendon reflexes were 2 plus in patella and Achilles. Straight leg raise was tight and painful. Heel examination with Haglund's deformity was noted. There was no tenderness to palpation on her heel noted. Assessment included chronic pain, lumbar arachnoiditis, gastrointestinal effects suspected from medications, heel spur non-industrial and noted inconsistent use of her medications but complained of uncontrollable pain requested alternate medications and medications denied by carrier. Diagnoses included lumbago, chronic pain syndrome, meningitis unspecified, thoracic or lumbosacral neuritis or radiculitis unspecified, insomnia unspecified and long-term (current) use of other medications. The treatment plan included Duragesic patch, Gabapentin, Lidoderm patch, Norco, Compazine, Lunesta, follow up with new MD, hold off any sports other than walking, go to Emergency Department if situation gets worse and follow up in 2 months. According to an initial evaluation report dated 07-10- 2015, the injured worker report pain in the mid back, lower back, both legs and feet that was associated with numbness, tinging and weakness of the feet. Pain was "constant and moderate". Pain was rated 6-7 on a scale of 0-10. She could walk three blocks before having to stop because of pain. She avoided socializing with friends, physically exercising, struggled getting dressed, putting on shoes, performing household chores, participating in recreation, driving, grocery shopping, having sexual relations and caring for her. Medications prescribed included Neurontin, Fentanyl patch and Lunesta. An opioid agreement was signed. An authorization request dated 07-27-2015 was submitted for review. The requested services included Neurontin 600 mg #90, Fentanyl patch #10 and Lunesta 3 mg #30. There were no diagnostic reports submitted for review. Documentation submitted for review showed use of Fentanyl patches dating back to 01- 26-2015. Urine drug screen reports were not submitted for review. On 08-04-20 15, Utilization Review non-certified the request for Fentanyl patch #10 50 mcg every 72 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch #10 50 mcg every 72 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

Decision rationale: According to the guidelines, Fentanyl 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 Fentanyl 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 Norco along with Fentanyl for several years without significant improvement in pain or function. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of failure of Tricyclics or oral long-acting opioids. Continued use of Fentanyl leads to addiction and side effects and is not medically necessary.