

Case Number:	CM15-0099568		
Date Assigned:	06/02/2015	Date of Injury:	03/14/2001
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, 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 58-year-old female, who sustained an industrial injury on 3/14/2001. Diagnoses include cervical post-laminectomy syndrome, shoulder pain, migraine and long-term drug therapy. Treatment to date has included diagnostics, surgical intervention (cervical fusion, 2001 and bilateral carpal tunnel releases, 2014), medications including Fentanyl, Flector, fluconazole, fluoxetine, Frova, Gabapentin, Hydrochlorothiazide, Hydrocodone/APAP, Provigil and Tizanidine. Per the Primary Treating Physician's Progress Report dated 3/26/2015, the injured worker reported increased left shoulder pain for which Lidoderm patch helps. Physical examination of the left shoulder revealed tenderness to palpation in the subacromial area with decreased range of motion with abduction and external rotation, which both increase the pain. The plan of care included medications and authorization was requested for Fentanyl 75mcg/hr transdermal patch and Hydrocodone/APAP 7.5/300mg. The medication list include Fentanyl patch, gabapentin, Amrix, Fluoxetine, Provigil and Hydrocodone. The patient's surgical history include CTR, SCS implant, and spinal surgery. The patient has had history of anxiety and depression. The patient has had urine drug screen test that was consistent. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 75-80Other Guidelines.

Decision rationale: Request: Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days Q 10. According to MTUS guidelines, Duragesic "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. "According to MTUS guidelines Duragesic 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 addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. " The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen to assess for the use or the presence of illegal drugs was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days Q 10 is not established for this patient. This request is not medically necessary.

Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days QTY: 10 fill on or after 5/30/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, and criteria for use: page 75-80.

Decision rationale: Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days Q 10 after 5/30/15. According to MTUS guidelines Duragesic "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. "According to MTUS guidelines Duragesic 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 addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. "The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Any recent urine drug screen to assess for the use or the presence of illegal drugs was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 75 mcg/hr transdermal patch apply 1 patch every 75 hours by transdermal route for 30 days Q 10 after 5/30/15 is not established for this patient. This request is not medically necessary.