MAXIMUS Federal Services

Case Number:	CM13-0071409		
Date Assigned:	01/08/2014	Date of Injury:	01/15/2007
Decision Date:	09/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A patient with a reported date of injury on 1/15/2007. No mechanism of injury was provided for review. The patient has a diagnosis of chronic low back pain from spinal stenosis and disc herniation, right L5 radiculopathy and hypogonadism. The patient has persistent low back pain, and is reportedly exercising and attempting to lose weight. Objective exam reveals tenderness to lumbar spine with positive right side straight leg raise. Notes mention MRI and CT myelograms that were done on 7/09 and 1/10 that support the diagnosis, but full reports were not provided for review. Medical list shows the patient is on Duragesic patch, Norco, Neurontin, Coumadin, Colace, Viagra, Testim gel and Ambien. The Independent Medical Review is for Duragesic patches 25mcg. A prior Utilization Review on 12/12/13 modified the prescription to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCHES 25MCG EVERY 3 DAYS #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Duragesic (Fentanyl), is long acting transdermal opioid. As per MTUS Chronic Pain Guidelines, documentation of analgesia, activity of daily living, adverse events and aberrant behavior are required. The records provided do not meet the appropriate documentation of all criteria. There is no noted improvement in function, and the patient is noted to be having pain even with the current opioid therapy. The patient continues to take large doses of other opioids including Norco. There is no documentation of a proper assessment for abuse. There is noted opioid induced hypogonadism as a significant side effect. The prescription as requested provides for almost a 2 month supply; which fails MTUS Chronic Pain requirements for close monitoring. Transdermal Fentanyl is a heavily monitored opioid, and has restrictions as per FDA labeling due to a high dosage of the medication in each patch. As such, the request is not medically necessary.