

Medical Assessments, Inc.

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Notice of Independent Review Decision

May 19, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Duragesic Patch 50mcg #15/30 Days

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was involved in a motor vehicle accident on xx/xx/xx and suffered a head injury and neck injury. The neck pain is described as being located in the midline and left lateral neck. The neck pain radiates to the left upper extremity. The pain has been associated with numbness (at times left arm).

: Follow Up Visit. **Past Interventions-Medical:** Claimant has not been consulted by a chiropractor. Previous physical therapy has been helpful. The claimant has not used a TENS unit. Claimant has seen a psychiatrist and/or psychologist in the past. The claimant rates his comfort level and functional status as fair. The claimant rates his pain without medications as 10. Ongoing

neck pain is 7/10. Had a normal cervical MRI and CT Scan in 2004. Claimant notes he has been feeling more tired recently. **Medication History:** Zoloft 100mg, Seroquel 50mg, Clonazepam 1mg, Transderm-Scop 1.5mg, Voltaren 1% gel, Duragesic 50mgCG/HR, Neurontin 300mg, Clonazepam, 1mg, Lisinopril 10mg. **Assessment and Plan:** Continue Duragesic 5-mcg/hr. Claimant and wife express that Duragesic allows for better conform, function, ADL's , sleep, mood. Has failed generic fentanyl. **Impression:** Claimant c/o left sided neck pain that radiates to left shoulder as well as pain just above left eye; procedures have not been helpful in the past.

04/09/2014: Follow Up Visit. Claimant stated that he has been doing well. Complaining of neck pain rated 7/10. Motion and weather changes make the symptoms worse. **Current Plans:** Continue Duragesic 50cm/hr. **Impression:** Claimant c/o left sided neck pain that radiates to left shoulder as well as pain just above left eye; procedures have not been helpful in the past.

04/14/2014: UR. Rational for Denial: The claimant is a male, who had a motor vehicle accident (MVA) and suffered a head and neck injury. All notes indicate he is on Duragesic. No other opiates are listed. The UDS was compliant. The request for Duragesic Patch 50mcg #15/30 Days is not medically necessary. Despite the compliant urine, Duragesic is not a first line opiate per ODG. There is no indication the claimant has tried or failed any other opiates. Duragesic is not necessary. However, due to the nature of the drug, weaning, is recommended. Therefore, the request for Duragesic Patch 50mcg #15/30 Days is not medically necessary.

05/02/2014: UR. Rational for Denial: Duragesic Patch 50mgc #15/30 Days is not medically necessary. I am unable to support this request. Although I have no doubt he requires pain medication, there is no indication that prior to the use of Duragesic that he had been tried, and failed other first line pain medication such as MS Contin, for example. The guidelines do not recommend this medication as a first line pain medication. Also, the drug is mean to be used over 72 hours, not 48, as prescribed. For this reason, I am unable to support this request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determination is upheld. Claimant is a male who suffered a MVA with subsequent head and neck injury. Records state that patient is taking Duragesic and is UDS compliant. Despite the compliant urine toxicology report, the request for Duragesic Patch 50mcg #15/30 days is not medically necessary. Per ODG, Duragesic is not a first line opiate. There is no evidence that the patient has tried or failed any other opiates. Therefore, this request is non-certified.

ODG Guidelines:

Duragesic® (fentanyl transdermal system)	Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen
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Pharmaceutica (both subsidiaries of Johnson & Johnson). 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. Due to the significant side effects, not for use in routine musculoskeletal pain. The FDA announced it will require color changes to the writing that appears on fentanyl pain patches (Duragesic and generics) so they can be seen more easily and to emphasize that unintended exposure can cause death. This is part of an effort to prevent accidental exposure to the patches, which can cause serious harm and death in children, pets, and others. ([FDA, 2013](#))
See [Fentanyl](#). [Duragesic ranked #9 in amount billed for WC in 2011. ([Coventry, 2012](#))]

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)