

<b>Case Number:</b>	CM13-0016928		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 54-year-old female who reported an injury on 03/03/2001. The patient has been seen several times for the complaint of chronic back pain which radiates down the low back to both legs. According to the documentation, the patient has been utilizing several medications, to include opioids, since at least 09/2012. On 09/06/2012, the patient was further prescribed a Duragesic 75 mcg per hour patch and has had ongoing use of this medication for over a year. The physician is now requesting an additional 72 Duragesic patches at 12 mcg per hour for the patient to utilize every 3 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 12mcg patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system), Opioids Page(s): 44, 74-96.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California MTUS Guidelines, Duragesic is a potent opioid which slowly releases fentanyl through the skin. According to the documentation dated 08/21/2013, the patient has had increased pain since her

last exam date of 08/12/2013. According to that documentation, the patient has had no new problems or side effects, her quality of sleep is poor, and she has had no change in her quality of life, with her activity level remaining the same. Under California MTUS Guidelines, the criteria for the use of opioids over a long period of times recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. With the documentation noting that the patient has been utilizing opioids for over a year, with no significant change in the patient's pain level or functioning, the request to continue the use of Duragesic is not considered medically necessary at this time. Furthermore, CA MTUS states that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids". With no extenuating circumstances indicating this patient is in need of opioids on an extended basis, and with the clinical statement that she is now having increased pain and no change in her quality of life, weaning the patient from opioids is recommended instead of further use of this medication.