

<b>Case Number:</b>	CM13-0017388		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on March 14, 2003. Thus far, the applicant has been treated with analgesic medications; long acting opioids, including Duragesic; and transfer of care to and from various providers in various specialties. A note from August 1, 2013 states that the applicant reports longstanding chronic low back pain. The applicant is status post prior lumbar spine surgery in 2008, it is stated. He is on Duragesic and Norco. He is status post epidural steroid injection therapy. He has fallen a few times. The applicant has painful and limited range of motion about the lumbar spine. Medications were renewed. On February 7, 2013, the applicant was given prescriptions for Duragesic and chlorzoxazone. He was not working at this time. On March 23, 2013, it is stated that the applicant has used analgesic medications chronically, and his pain has improved. He has failed to respond to two previous epidural steroid injections, it is further noted. An August 1, 2013 note states that the applicant continues to have high levels of pain. It is stated that the applicant is a candidate for possible spine surgery, and that postoperative pain control would be easier if the applicant was not presently using high doses of medication. It is stated that the applicant could consider detoxification using Suboxone at some point. A September 12, 2013 note states that the applicant is invited to consider neurosurgery if he can discontinue the Duragesic patches. On November 5, 2013, the applicant states that he no longer wishes to use Duragesic patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**15 Fentanyl patches 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant's pain complaints are heightened, and he has failed to return to work. Several attending providers have suggested that the applicant try and detox/wean himself off Duragesic. The applicant himself stated he is uncomfortable using high doses of Duragesic. For all the stated reasons, then, continuation of Duragesic did not appear to be appropriate. Therefore, the request for additional fentanyl patches is not certified.