

<b>Case Number:</b>	CM13-0023345		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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, has a subspecialty in 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 59-year-old female who reported a work-related injury on 06/08/2000. The patient has undergone conservative treatment to include stellate ganglion blocks, physical therapy, medication management, and spinal cord stimulator. The patient complains of pain in her left shoulder, right shoulder, left wrist, right wrist, and neck. Her medications include Norco, trazodone, fentanyl patch, and Dilaudid. A request was made for Fentanyl 50mcg patch #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg patch #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** Per the clinical documentation submitted for review, the patient has been prescribed fentanyl patch since at least 2011. The California Chronic Pain Medical Treatment Guidelines indicate that the Duragesic fentanyl transdermal system is not recommended as a first line therapy. Guidelines further state the 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. There is a lack of documentation stating the patient had tried and failed other first line medications for chronic pain. There was no evidence given to support the patient received functional improvements or benefits which could be objectively measured due to the use of the Fentanyl patch. There was also no evidence given in the submitted documentation that the patient's pain could not be managed by other means. Therefore, the request for Fentanyl 50mcg patch #15 is non-certified.

**Norco 10/325mg #180 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

**Decision rationale:** Per recent clinical documentation, the patient complained of pain in her bilateral upper extremities that fluctuated depending on her activity level. She reported her pain was at a level of 8/10 without medications and 3/10 with medications. She stated she was able to perform household activities and function socially when her pain was better controlled and stated her quality of sleep was improved with medications. Her current medications included Fentanyl 50 mcg patch, Norco 10/325 mg every 4 to 6 hours, Dilaudid 4 mg as needed and Trazodone 100 mg at hour of sleep. The California Chronic Pain Medical Treatment Guidelines indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted for patients taking opioids for pain management. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. The patient stated her medications allowed for improved function and mood, yet there were no functional benefits noted which could be objectively measured due to the use of Norco. Furthermore, there was no evidence given in the submitted documentation that the patient had attempted to return to work or had returned to work due to continued pain relief. As such, the decision for Norco 10/325mg #180 with 3 refills is non-certified.