

<b>Case Number:</b>	CM13-0053015		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/27/1999
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Family 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:

This injured worker's date of injury is 12/27/1999. The patient's treating physician is treating this patient for chronic low back pain arising after lumbar laminectomy. This patient also receives other opioid for chronic pain, including Norco and Percocet, both for breakthrough pain, according to the treating clinician's clinical note dated 12/16/13. The patient is not working. The diagnoses include: Post Lumbar Laminectomy Syndrome, Spinal/Lumbar DDD, and Greater Trochanter Bursitis. On exam, the patient appeared to be in distress. The patient walked with a cane and on exam the lumbar spine showed a loss of full range of motion. There was muscle spasm alongside the lumbar spine and tenderness on palpation to the paraspinal muscles. There was tenderness about the greater trochanter on the right side and in the buttocks. Previous reviews provided limited refills for the purpose of weaning of the Duragesic. The request is for refills of Duragesic patches 75 mcg/hr.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 75MCG #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

**Decision rationale:** This patient has chronic pain and is opioid dependent. The patient current uses the Duragesic patch, which is a long acting opioid with a through the skin delivery system. The patient also receives two additional oral opioids for breakthrough pain, but the exact frequency of use for these two opioid analgesics is not documented clearly. Opioids can be beneficial when used in the short-term, but their use for long-term is problematic. This arises from failure to improve functioning and the combined risks of tolerance to the opioids and loss of effectiveness in pain control over time. Therefore, based on guidelines and a review of the evidence, the request for Duragesic is not medically necessary.