

<b>Case Number:</b>	CM13-0053825		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/07/2013
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a patient with a 5/13/08 date of injury. At the time (10/24/13) of the request for authorization for ten patches of Duragesic 25mcg every 72 hrs, as needed for pain, related to the left knee symptoms, there is documentation of subjective (pain and discomfort involving left knee) and objective (positive Apley's test of left knee, walks with a limp, uses a straight point cane, and motor strength is 5-/5 for the left knee) findings, current diagnoses (left knee internal derangement, left knee pain, status post left knee surgery on February 11, 2011), and treatment to date (medication including Duragesic patch for at least 9 months). There is no documentation of pain that requires continuous opioid analgesia for pain that cannot be managed by other means; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Duragesic; opioid tolerance; and no contraindications exist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten patches of Duragesic 25mg every 72 hrs, as needed for pain, related to the left knee symptoms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duragesic and Fentanyl and Title 8, California Code of Regulations, section 9792.20; and FDA

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic® 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of left knee internal derangement, left knee pain, status post left knee surgery on February 11, 2011. In addition, there is documentation of chronic pain and the patient requires a total daily dose at least equivalent to Duragesic® 25 mcg/h. However, there is no documentation of pain that requires continuous opioid analgesia for pain that cannot be managed by other means. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Duragesic. Furthermore, there is no documentation of opioid tolerance and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for ten patches of Duragesic 25mcg every 72 hrs, as needed for pain, related to the left knee symptoms is not medically necessary.