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| <b>Case Number:</b>   | CM13-0058661 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/09/1972 |
| <b>Decision Date:</b> | 05/07/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 70-year-old male who reported injury on 03/10/1972. The mechanism of injury was the injured worker lifted a closed circuit TV system. The medication history included Fentanyl patches as of 2012. The documentation of 10/28/2013 revealed that the injured worker had complaints of a constant aching, shooting pain that extended from the lumbosacral junction down to the coccyx. The CURES report was appropriate as was the urine drug screen. A report dated 01/21/2013 revealed that the injured worker had functional improvement with Fentanyl. The request was made for a refill of the Fentanyl patches. Diagnosis included back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FENTANYL (DURAGESIC) PATCHES 50MCG/HR #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 78.

**Decision rationale:** The California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that 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 should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review does not show that the injured worker has tried and failed a first line therapy. There was a lack of documentation of an objective improvement in function, objective decrease in pain and pain. There was evidence that the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been on the medication for greater than 6 months. The request as submitted failed to indicate the frequency. Given the above, the requested Fentanyl (Duragesic) patches are not medically necessary at this time.