

<b>Case Number:</b>	CM13-0061696		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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, has a subspecialty in Intentional Spine, 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 patient is a 59-year-old female with a date of injury of 09/03/2008. The listed diagnoses per [REDACTED] are: lumbar disk protrusion at L4-L5 on the right, lumbar radiculopathy per EMG (electromyogram) /NCV (nerve conduction velocity), lumbar facet arthrosis and degenerative scoliosis, and chronic pain. According to report dated 08/09/2013 by the provider, the patient presents with continued low back and right lower extremity pain. It is noted that patient is also being treated by [REDACTED], a pain psychologist. The patient continues to report benefit from her current medication regimen which consists of Duragesic 25 mcg patches every 2 days for baseline pain, Norco 10/325 mg 4 times per day for breakthrough pain, Neurontin 900 mg 3 times per day for neuropathic pain, Flexeril 7.5 mg per day for muscle spasm, and Celebrex 200 mg per day for anti-inflammatory effect. The patient is also utilizing Cymbalta 90 mg per day per situational depression secondary to chronic pain. She denies any side effects from the medications except for drowsiness from Flexeril. Examination reveals the patient has pain upon palpation with muscle spasm in the paraspinal muscles and quadratus lumborum. Pain increases with extension on the right. Flexion eases discomfort. The provider is requesting authorization for refill of Duragesic 25 mcg patches for baseline pain, #15

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 25MCG PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use of Opioids, and Section Opioids for Chronic pain, Page(s): 44, 60-62, 7.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a refill of Duragesic 25 mcg patch #15. The MTUS Guidelines states Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioids, slowly to the skin. In this case, review of reports from 01/11/2013 to 08/09/2013 indicates the patient is receiving adequate pain relief from the use medications. Report from 01/11/2013 states patient's pain level drops from 8/10 to 4/10 with medication. The provider goes on to state the patient is able to perform routine activities of daily life. Without the medication, she would be "relegated to a sedentary lifestyle." A review of medical records indicates this patient receives pain relief from taking this medication. However, the provider does not discuss any specific functional improvements. Functional measures include significant changes in Activities of daily living (ADLs) or improvement in work status. Although the provider does use a pain scale to assess pain level, the provider does not specifically correlate the decreased pain level with the use of Duragesic patches. The medical reports indicate the patient is taking multiple prescriptions including Norco and Cymbalta concurrently with Duragesic patches. Finally, no outcome measures such as current pain, average pain, least pain, and time it takes for medication to take effect and duration of pain relief with medication are not documented as required by MTUS. The recommendation is for denial.