

<b>Case Number:</b>	CM13-0062543		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/28/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Orthopedic Surgery 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 40-year-old male with a 5/28/03 date of injury. At the time (10/22/13) of request for authorization for Xanax 0.5MG #30 and Fentanyl patches 75MG #15, there is documentation of subjective (low back and right knee pain) and objective (pain with compression of the patellofemoral joint over the right knee, positive patellofemoral grind test, positive McMurray's test, mild effusion, tenderness over the medial aspect of the joint line, and range of motion between 0 to 120 degrees) findings, current diagnosis (internal derangement of the right knee), and treatment to date (medications (including Oxycodone, Fentanyl patch, and Xanax since at least 6/3/13)). Regarding Xanax 0.5MG #30, there is no documentation of the intention to treat over a short course; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BENZODIAZEPINES Page(s): 24.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS 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. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of the right knee. However, given documentation of ongoing treatment with Xanax since at least 6/3/13, there is no documentation of the intention to treat over a short course. 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 as a result of Xanax use to date. Therefore, based on guidelines and a review of the evidence, the request for Xanax 0.5MG #30 is not medically necessary.

**FENTANYL PATCHES 75MG #15:** 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 Chapter, Duragesic and Fentanyl.

**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 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 Final Determination Letter for IMR Case Number CM13-0062543 4 contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of the right knee. In addition, there is documentation of ongoing treatment with Oxycodone and Fentanyl patch. However, there is no 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 has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic®@25 mcg/h; and no contraindications exist. 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 as a result of Fentanyl patches use to date.

Therefore, based on guidelines and a review of the evidence, the request for Fentanyl patches 75MG #15 is not medically necessary.