

<b>Case Number:</b>	CM13-0065831		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/31/2007
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 & Rehabilitation. has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 41-year-old female with a reported date of injury on 03/31/2007. The patient presented with trigger point to the left rhomboid, ongoing left-sided neck pain with radiation into the trapezius and rhomboid into the left shoulder and anteriorly to the left pectoralis, constant pain rated 10/10, cervical spine spasm and tenderness, decreased range of motion, left upper extremity pain, and pain to the scapular area. The patient had diagnoses including lumbosacral spondylosis, cervical spondylosis without myelopathy, brachial neuritis/radiculitis, spinal enthesopathy, spinal stenosis in the cervical region, cervicgia, and postlaminectomy syndrome in the cervical spine. The physician's treatment plan included a request for Percocet 10/325, #240, 30 day supply and Fentanyl patch #15, 30 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCH, #15, 30 DAY SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system), Fentanyl, & Opioids, criteria for use Page(s): 44, 47.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Fentanyl patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. 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. The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 10/14/2013 note indicated the patient reported decreased pain with medication. It was noted the patient had pain to the bilateral shoulders, neck, and to the upper extremities bilaterally. Within the provided documentation, the requesting physician did not include adequate documentation that the patient had significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate and complete assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The requesting physician's rationale for the use of a Fentanyl patch was unclear within the provided documentation. Additionally, the patient's daily morphine equivalent dose would exceed 120 mg given the prescribed medications listed within the medical records. The request for Fentanyl patch #15, 30 day supply is not medically necessary and appropriate.

**PERCOCET 10/325, #240, 30 DAY SUPPLY:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 10/14/2013 note indicated the patient reported decreased pain with medication. It was noted the patient had pain to the bilateral shoulders, neck, and to the upper extremities bilaterally. Within the provided documentation, the requesting physician did not include adequate documentation that the patient had significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate and complete assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The request for Percocet 10/325, #240, 30 day supply is not medically necessary and appropriate.