

<b>Case Number:</b>	CM14-0103424		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/13/1996
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 12/13/1996. The mechanism of injury was noted to be usual work duties. Her diagnoses was noted to be cervical radiculopathy, lumbar radiculopathy and right knee pain. She had prior treatments of medication management. Diagnostic studies were noted to be an MRI of the lumbosacral spine, 12/06/2010. She was noted to have subjective complaints of neck pain that radiated down bilateral upper extremities. She also had low back pain that radiated down bilateral lower extremities. Her pain was rated a 6/10 in intensity with medications. She rated her pain 9/10 in intensity without medications. The objective physical examination findings included range of motion of the lumbar spine moderately limited secondary to pain. Pain was significantly increased with flexion and extension. There was tenderness noted in the right knee. Her medications were noted to be Cymbalta, Senokot, Neurontin, Voltaren gel, fentanyl patch, Robaxin, Percocet and prednisone. The treatment plan was a refill of medication and a followup visit recommendation. The provider's rationale was included within the request. A Request for Authorization for medical treatment was not submitted with the documentation provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl DIS 75 mcg/hr, 15 day supply with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 44, 47. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, duragesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) opioids on-going management, page(s) 44, 78 Page(s): 44, 78.

**Decision rationale:** The request for Fentanyl DIS 75 mcg/hr 15 day supply with 5 refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Duragesic 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 patient's who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines also provide 4 domains that are irrelevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation provided for review on 02/05/2004 failed to provide an adequate pain assessment for opioid therapy. The 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. The injured worker is noted to be on several oral opioids. It is not noted why the injured worker needs a continuous control dose of opioids via transdermal patch. Efficacy with use of fentanyl patch was not noted by a decrease of opioid therapy of other medications. A urine drug screen was not noted. In addition, the provider's request fails to indicate a dosage frequency. The guidelines recommend a fentanyl patch every 72 hours. As such, the request for fentanyl DIS 75 mcg per hour 15 day supply with 5 refills is non-certified.

**Senna Plus tablets 8.6-50 mg tablets, 15 day supply, with 30 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines initiating opioids, page(s) 77 Page(s): 77.

**Decision rationale:** The request for Senna Plus tablets 8.6-50 mg tablets 15 day supply with 30 refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that when initiating opioid therapy, a prophylactic treatment of constipation should be initiated. The injured worker noted in the clinical evaluation on 02/05/2014 that constipation

was moderate. It is not noted that there is efficacy with current prophylactic treatment of constipation. In addition, the provider's request does not indicate a dosage frequency. Therefore, the request for Senna Plus tablets 8.6-50 mg tablets 15 day supply with 30 refills is non-certified.