

<b>Case Number:</b>	CM14-0107222		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Occupational Medicine 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 41 year old male employee with date of injury of 8/31/1999. A review of the medical records indicate that the patient is undergoing treatment for thoracic/lumbosacral neuritis/radiculitis. Subjective complaints include neck pain radiating down arms bilaterally and back pain radiating to legs bilaterally (1/15/2014); headaches (1/15/2014); Pain has consistently measured at 7/10 (6/20/2014) and additionally states a range from 6-10 with 10 being the average over the last seven days. Urinalysis from September 2013 revealed benzodiazepine but no Duragesic or Neurontin. During physical exam on 6/20/2014, patient displayed reduced range of motion for cervical and lumbar regions; spasm and tenderness noted on left side of paravertebral muscles; tenderness at paracervical muscles, rhomboids and over left occipital nerve region. Spurlings maneuver causes pain in neck muscles but no radicular symptoms. Treatment has included Ibuprofen 600mg 3/day, Norco 10-325mg 3-4/day, Zanaflex 4mg 2/day, Duragesic 25mcg/hr patch Td72 1 patch/2 days, Neurontin 600mg 4/day, Ibuprofen 800mg 4/day, Vicodin 10-300mg 3-4/day, Zanaflex 4mg 2/day (1/15/2014); acupuncture, psychotherapy, TENS unit, exercise (1/15/2014). The utilization review dated 6/21/2014 non-certified the request for Duragesic patch 25mcg (fentanyl transderm system) CII patch due to lack of documentation for an opioid weaning plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 25mcg (fentanyl transderm system) CII patch.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Opioids Page(s): 44 79. Decision based on Non-MTUS Citation Pain, Opioids, Specific drug list

**Decision rationale:** CA MTUS states and ODG agrees: "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." ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and 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." The treating physician does include pain assessments and includes current, least, and average. The treatment notes indicate consistent pain rating between 7-10 and patient cites an average of 10 out of 10 on the pain scale. It is clear that the current treatment regimen is not beneficial to the patient. Additionally, medical records indicated an inconsistent urine drug testing on 9/2013 with negative fentanyl in the urine with an active prescription. The medical records do not indicate what was done about this inconsistent result. With the multiple pain medications, there is serious risk of opioid dependence. Weaning from this regimen should occur. As such, the request for Duragesic patch 25mcg (fentanyl transderm system) CII patch is not medically necessary.