

<b>Case Number:</b>	CM14-0109617		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

Patient is a 52-year-old female with complaint of calcific tendinitis of shoulder, right; Lateral epicondylitis, right; Myofascial pain; Subacromial bursitis, right; Generalized anxiety disorder; and Panic disorder; associated with an industrial injury date of 02/12/13. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained injuries to her right elbow and shoulder while performing her usual duties, including carrying boxes and pushing a computer cart and rolling pack. The pain persisted hence consulted with an MD. On examination, there was note of tenderness over the lateral epicondyle, medial epicondyle and shoulder, right, accompanied by a slight reduction in the ROM of the said extremity. Patient was worked-up, given medications, underwent physical therapy and was given work restrictions. Latest progress report dated 06/26/14 states that patient continues to have pain in her right shoulder anteriorly, elbow, wrist, hand, as well as in the right chest wall. She also has numbness noted in the right hand which causes difficulty to hold on to objects. The pain is rated at 8-9/10. Patient likewise reports depression and sleep disturbance. Patient is currently on various oral medications. On physical examination, sensory deficit is noted in the right hand, diminished grip strength at 3/5 on the right and 4/5 on the left. Patient was reported to have difficulty taking narcotics by mouth according to her oncologist, apparently due to a gastroesophageal cancer. Treatment to date includes ambulation and stretching exercise, acupuncture, chiropractic therapy, physical therapy, steroid injection and medications (Alprazolam, Amitriptyline, Bupropion, Levothyroxine, Meloxicam, Methylphenidate, Tamoxifen and Vilbryd since at least 10/14/13). Utilization review dated 07/07/14 denied the request for Fentanyl patch 12.5mcg #10. It is noted to be a new prescription and is not considered to be a first-line therapy for chronic pain. There was likewise no clear documentation to explain why patient is unable to take oral medications.

There was likewise no history of cancer noted in the submitted records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fentanyl Patches 12.5 mcg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 44, 47, 78-81.

**Decision rationale:** As stated on pages 44, 47, and 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "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. It is 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. Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. It is likewise indicated when the pain cannot be managed by other means (e.g., NSAIDS). Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Due to the significant side effects, it is not for use in routine musculoskeletal pain". It is not recommended as first-line opioid therapy. In this case, there was no prior use of fentanyl patch. Although patient was given a trial of Meloxicam, which was not tolerated orally, there was no documentation of the patient being started on other forms of oral opioid therapy for which tolerance has developed. There was likewise no clear report on why patient is not able to tolerate oral narcotics but is able to tolerate other oral medications. Also, since patient is also diagnosed with a mental disorder and is taking benzodiazepines, she is not ideally suited to receive potent opioid therapy, like fentanyl, due to the high risk of developing a fatal overdose. Therefore, the request for Fentanyl patch 12.5mcg #10 is not medically necessary.