

<b>Case Number:</b>	CM14-0011288		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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:

According to the records made available for review, this is a 53-year-old female with a 6/10/13 date of injury. At the time (11/27/13) of request for authorization for Fentanyl Patch 125mcg Up To 11 Patches Per Month, there is documentation of subjective (back pain and bilateral shoulder, wrist and hand pain) and objective (tenderness over the volar aspect of the wrists and dorsum of the hands, positive Phalen's sign bilaterally, slight tenderness to palpitation over the interscapular parathoracic muscles, restricted range of motion of the lumbar spine, slight tenderness to palpitation over the acromioclavicular joint, positive impingement sign on the left side, and restricted range of motion of shoulder, left>right ) findings, current diagnoses (bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, bilateral shoulder strain, and thoracolumbar strain), and treatment to date (medications (including ongoing treatment with Norco)). 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 125mcg up to 11 patches per month:** 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) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, 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. 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 contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, bilateral shoulder strain, and thoracolumbar strain. In addition, there is documentation that Fentanyl patch is not used as first-line therapy, and the patient is already receiving opioid therapy. 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. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl Patch 125mcg Up To 11 Patches Per Month is not medically necessary.