

<b>Case Number:</b>	CM14-0013887		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal 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 an injured worker with neck and back complaints. Date of injury was 09-13-2003. Medical records review dated March 16, 2013 was provided by orthopaedic surgeon [REDACTED]. On November 4, 2008, she was almost five years following an injury to her back and neck when she twisted while carrying trays. Examination at that time revealed a full range of motion of her neck with tenderness to light palpation over the entire cervical spine but no neurologic deficit except for some decreased sensation in her entire left arm compared to the right. Examination of the spine revealed a good range of motion with some tenderness over the T6 spinous process all the way down to S1 and no neurologic deficit. The x-rays of the cervical, thoracic, and lumbosacral spine were normal at that time. Impression was significant depression and mild cervical pain, mild thoracic pain, and mild lumbosacral pain. On November 4, 2008, the physician felt that the patient had a straight-out psychiatric problem that should be treated by a psychiatrist. On March 16, 2013, [REDACTED] impression was that the cervical, thoracic, and lumbar injuries were mild, and the patient's current treatment is not related to these injuries but related to her psychological depression and chronic pain behavior. Chronic use of the Norco analgesic was not advocated. Progress note dated 01-30-2014 by [REDACTED] documented subjective complaints of neuropathy pain radiating in her left leg. Medications were Fentanyl patch 100 mcg/hr, Norco 10/325 mg three times a day, Valium 5 mg three times a day, and Cymbalta 60 mg twice a day. Mental status examination was documented. No physical examination was documented. No diagnoses were documented in the assessment section. Progress note dated 01-02-2014 by [REDACTED] did not document pain complaints, medical diagnoses, or physical examination. Utilization review decision date was 01-24-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic (fentanyl) patch 100 mcg/hr #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl Fentanyl transdermal (Duragesic; generic available), Opioids Page(s): 44, 47, 93, 74-96.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic releases fentanyl, a potent opioid. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Duragesic is indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy, and the pain cannot be managed by other means. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that for neck and back conditions, the long-term use of opioids is not recommended. Patient is an injured worker with neck and back complaints. Date of injury was 09-13-2003. Medical records review dated March 16, 2013 by orthopaedic surgeon [REDACTED] documented his impression was that the patient's cervical, thoracic, and lumbar injuries were mild. Progress note dated 01-30-2014 by [REDACTED] documented medications, including Fentanyl patch 100 mcg/hr and Norco 10/325 mg three times a day. No physical examination was documented. No diagnoses were documented in the assessment section. Progress note dated 01-02-2014 by [REDACTED] did not document pain complaints, medical diagnoses, or physical examination. Medical records did not have objective evidence of severe continuous physical pathology. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. Fentanyl patch 100 mcg/hr is equivalent to 240 mg of morphine, which exceeds the MTUS guideline recommendation - in a patient with no documentation of significant physical pathology. MTUS and ACOEM guidelines and medical records do not support the medical necessity of Duragesic Fentanyl patch transdermal system. Therefore, the request for Duragesic (fentanyl) patch 100 mcg/hr #10 is Not medically necessary.