

<b>Case Number:</b>	CM14-0014337		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52 years old, female, who reported on injury on 07/24/2007 due to closing an iron gate and developed right shoulder pain. Her diagnosis include neuralgia, neuritis, radiculitis, carpal tunnel syndrome, cubital tunnel syndrome, and myalgia and myositis. Prior treatments included physical therapy and medications. Diagnostic studies included an MRI of right shoulder, an MRI of the cervical spine, and electromyography of the upper extremities. Her previous surgical history included a spinal fusion at C5-6, C6-7 2008 and Anterior Cervical discectomy in 2007. On 12/24/2013, the injured worker complained of constant burning pain in the suprascapular region going down the arm to the right thumb, index and long finger. The injured worker had pain radiating down the midline to the lower portion of the thoracic spine, pinching pain in her right anterior shoulder, with numbness and weakness, and pain in the antecubital fossa to the ring and little fingers on the right. The physician noted a urine drug screen was performed on 12/12/2012 with results which revealed the presence of Fentanyl, Oxycodone and Oxymorphone. On physical examination the injured worker had pain with palpation in the right scapular region diffusely. Her medications included Duragesic 25 mcg/hr Transdermal 1 every 72 hours, Roxicodone 5 mg, Ambien 10 mg 1 tab at bedtime as needed for sleep, Amitiza 24 mcg 2 times a day, and Naproxen 500 mg 1 tab 2 times a day. Her treatment plan included a recommendation for providing medications for chronic pain, a follow up regarding right cubital tunnel syndrome and possible surgery when the injured worker was ready, as well as a recommendation for trigger point injections. A request was received for Fentanyl (Duragesic) 25 mcg #10, change patch every 72 hours-modified to wean completely 2-3 months for chronic pain. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl (Duragesic) 25 Mcg #10 Change Patch Every 72 Hours-Modified To Wean Completely 2-3 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Duragesic (fentanyl transdermal system), & Opioids, criteria for use Page(s): 44 78.

**Decision rationale:** The request for Fentanyl (Duragesic) 25 mcg #10 change patch every 72 hours-modified to wean completely 2-3 months not medically necessary. Per the provided documentation the injured worker was doing well on the 25 mcg patch in combination with Naprosyn. The injured worker reported pain rated 7/10 and she reported increased function and pain control. The California MTUS guidelines note Fentanyl patches are not recommended as a first-line therapy. 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. The California MTUS guidelines recommend ongoing review with 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. There is no quantified information regarding pain relief with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The clinical note dated 06/28/2013 noted the injured worker was doing well after decreasing Fentanyl from 50 mcg to 25 mcg. Per the documentation the injured worker has been prescribed Fentanyl 25 mcg since at least 06/2013. Within the provided documentation, there is no indication that the injured worker's Fentanyl dosage has been decreased to facilitate further weaning since at least the 06/2013 visit. As such, the request for Fentanyl (Duragesic) 25 mcg #10 change patch every 72 hours-modified to wean completely 2-3 months is not medically necessary.