

<b>Case Number:</b>	CM14-0016817		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 63-year-old female who reported an injury on 08/01/2005. The mechanism of injury was not provided within the documentation. It was noted that the injured worker's prior treatments included medications, physical therapy, and transcutaneous electrical nerve stimulation. The injured worker's diagnoses were noted to be mood disorder, shoulder pain, and extremity pain. The injured worker had a clinical evaluation on 05/15/2014. It is noted in the evaluation that the injured worker presented with bilateral upper extremity pain and bilateral knee pain. The objective evaluation only notes that the injured worker's examination was unchanged from the previous visit. The treatment plan is for Duragesic patch to provide pain relief. The injured worker is also to continue with physical therapy. The provider's rationale for the request was provided within the documentation dated 05/15/2014. A request for authorization for medical treatment was provided and dated on 03/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 100mcg/hr Patches every 2 days #15 with 1 refill Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 93.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines do not recommend Duragesic 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. The clinical evaluation dated 05/15/2014 does not provide any documentation to indicate a first-line therapy was failed before the use of Duragesic. The evaluation also fails to provide why pain cannot be managed by any other means. Duragesic patches, according to the guidelines, are to be worn for a 72-hour period and the request indicates the patches are to be worn for a 48 hour period. Therefore, the request for Duragesic 100 mcg #15 is not medically necessary.