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| <b>Case Number:</b>   | CM14-0017931 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 03/13/2012 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 Texas. 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 45 year old female who reported an injury on 03/13/2012. The mechanism of injury was a fall. The clinical note dated 02/07/2014 the injured worker reported having low back and lower extremity pain. The injured worker rated pain 8-9/10 without medication and 5-6/10 with medication which the injured worker reported is tolerable. The injured worker stated the Duragesic lasted a couple of days. The injured worker was prescribed duragesic, Norco, Neurontin, fetzima. The physical examination of the left lower extremity he noted erythema with decreased range of motion. The injured worker has diagnoses of chronic low back pain which has worsened since the fall in May of 2012, prior history of lumbar fusion at L5-S1, fibromyalgia, and chronic regional pain syndrome, left lower extremity around the ankle. The request for authorization for Duragesic was provided and dated 01/28/2014. The provider recommended Duragesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DURAGESIC PATCH 25MCG, #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC Page(s): 78.

**Decision rationale:** The request for Duragesic Patch 25MCG, #15 is non-certified. The injured worker reported having low back and lower extremity pain. The injured worker rated pain 8-9/10 without medication and 5-6/10 with medication which the injured worker reported is tolerable. The California MTUS guidelines recommend ongoing review and 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. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The California guidelines also note the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider documented relief with medication, and increase in functional improvement; however, there was a lack of documentation for urine drug screens provided. Therefore, the request for Duragesic Patch 25MCG, #15 is non-certified.