

<b>Case Number:</b>	CM14-0116068		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Neurology, 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:

2/13/14 note indicates follow-up for left knee, left shoulder , bilateral wrists and low and thoracic back pain. Medications are reported to be beneficial without any adverse effects. Medications are listed and include duragesic 25 mcg q 2 days and norco 10/325, 4 per day. Examination reports no significant change. Diagnosis is chronic back pain with history of lumbar fusion. 4/10/14 indicates continued pain. Low back pain is most bothersome. Medication is reported to help function. Medications are listed and include duragesic 25 mcg q 2 days and Norco 10/325, 4 per day. Examination notes decreased strength in bilateral lower extremities with tenderness and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Fentanyl 25mcg Patches, QTY: 30 (DOS: 06/05/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids, when to continue opioids, opioids for chronic pain, weaning of medication Page(s): 79, 80, 81, 124.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, opioids.

**Decision rationale:** Duragesic is FDA approved for q 72 hour dosing regimen. ODG guidelines support opioid treatment with minimal dosage required to provide functional benefit. The medical records do not indicate rationale for necessity of a q 48 hour dosing regimen. There is no indication of intolerance of other long acting opioid regimens or intolerance of 72 hour dosing regimen of Duragesic. As such q 48 hour dosing schedule is not supported as medically necessary.