

<b>Case Number:</b>	CM14-0125785		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 50-year-old female with a 11/13/02 date of injury, and status post anterior cervical fusion C4-5, C5-6, C6-7 in January 2005. At the time (6/20/14) of request for authorization for Duragesic 25mcg qty 15.00 and Duragesic 12mcg qty 15.00, there is documentation of subjective (debilitating pain in left knee which alters gait and causes exacerbation of low back pain) and objective (tenderness to palpation along posterior cervical musculature bilaterally, trigger points palpable and tender along trapezius muscles, medial scapular regions and suboccipital regions bilaterally, significant decrease in cervical range of motion, decreased sensation along lateral forearm bilaterally and second, third and four digits, positive Tinel's of wrist and elbows bilaterally, thenar and hypothenar muscle atrophy, tenderness to palpation along medial and lateral joint line with soft tissue swelling noted, soft tissue swelling and tenderness to palpation along right lateral ankle, and decreased range of motion with ankle dorsiflexion and plantar flexion due to pain) findings, current diagnoses (cervical post-laminectomy syndrome, thoracic spine sprain/strain syndrome, lumbar spine sprain/strain syndrome, myofascial pain, mild cervical dystonia, cervicogenic headaches, bilateral knee internal derangement, and bilateral elbow internal derangement), and treatment to date (intra-corticosteroid injections, synvisc injections, and medications (including ongoing treatment with Duragesic patch and Norco)). There is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; demonstrated opioid tolerance; no contraindications exist; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic patch use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mcg QTY 15.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl and FDA.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of cervical post-laminectomy syndrome, thoracic spine sprain/strain syndrome, lumbar spine sprain/strain syndrome, myofascial pain, mild cervical dystonia, cervicogenic headaches, bilateral knee internal derangement, and bilateral elbow internal derangement. In addition, there is documentation of persistent, moderate to severe chronic pain, the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h. However, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; demonstrated opioid tolerance; and no contraindications exist. In addition, given documentation of ongoing treatment with Duragesic patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Duragesic 25mcg qty 15.00 is not medically necessary.

**Duragesic 12mcg QTY 15.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl and FDA.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of cervical post-laminectomy syndrome, thoracic spine sprain/strain syndrome, lumbar spine sprain/strain syndrome, myofascial pain, mild cervical dystonia, cervicogenic headaches, bilateral knee internal derangement, and bilateral elbow internal derangement. In addition, there is documentation of persistent, moderate to severe chronic pain, the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h. However, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; demonstrated opioid tolerance; and no contraindications exist. In addition, given documentation of ongoing treatment with Duragesic patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Duragesic 12mcg qty 15.00 is not medically necessary.