

<b>Case Number:</b>	CM14-0021101		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

This is a 55-year-old patient with a 3/3/01 date of injury. In a progress note dated 4/7/14, the patient complained of back pain radiating from her low back down both legs and lower backache tingling over both the legs. The patient stated that her pain level has decreased since her last visit. She rated her pain with medications as a 5 on a pain scale of 1-10. Objective findings: slowed gait, range of motion of lumbar spine is restricted, paravertebral muscles tender on palpation, motor testing limited by pain, light touch sensation decreased over lateral calves of both sides. Diagnostic impression: Lumbar facet syndrome, piriformis syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, mood disorder. Treatment to date includes: medication management, activity modification, home exercise program. A UR decision dated 2/5/14 denied the requests for Duragesic 25 mcg/hr patches and Duragesic 12 mcg/hr patches. The treating physician had been weaning the patient off narcotics but seems to have hit a road block at this point with a level of 37 mcg/hr of fentanyl and now actually going backwards by increasing the dosage with the 25 mcg/hr over every 2 days as opposed to every 3. There is no medical indication for the use of narcotics 12 years post injury and the weaning needs to continue as agreed. In addition, there was a request for these same meds on 1/9/14 which was modified by UR. This, therefore, is an early request for refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 25 MICROGRAM(MCG) PER HOUR(HR) PATCH, #5: 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 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. The patient had previously been on Duragesic 25 mcg/hr every 3 days with documentation that she is stable on her current medication regimen. It is noted that her function and activities of daily living have improved optimally on current doses of medications. However, after the 11/18/13 progress note, it shows that her dosage for Duragesic 25 mcg/hr has been increased from every 3 days to every 2 days. There is no rationale provided in the reports reviewed documenting why this increase in dosage was made, especially in this case, when the injury is over 13 years old. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Duragesic 25 microgram(mcg) per hour(hr) Patch, #5 is not medically necessary.

**DURAGESIC 12 MICROGRAM(MG) PER HOUR(HR) PATCH, #10:** 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 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. It is reported in a 11/18/13 note that the patient's pain has actually increased. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Duragesic 12 Microgram(mg) per hour(hr) Patch, #10 is not medically necessary.