

<b>Case Number:</b>	CM14-0041123		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Physical Medicine & Rehabilitation, 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 45-year-old male with a 4/8/2004 date of injury. A specific mechanism of injury was not described. The 3/13/14 determination was modified to allow for dispensing of 10 Fentanyl patches and Norco was also requested and modified. Reasons for modification included no indication of improvement in function with medications. 2/21/14 medical report identified continued low back pain with radiation to the right leg. The pain was rated 10/10 without medications and 8/10 with medications. It was noted that medications allowed the patient to function to some degree. There were no adverse effects reported from the medications. Exam revealed positive straight leg raising (SLR) on the right, 4/5 strength in the right lower extremity, and decreased sensation to light touch all throughout the right leg. It was noted that the increase in Fentanyl dose helped the pain. The last urine toxicology is reported from 1/27/14 which was consistent with the medications and CURES report was obtained at the time of the office visit and there had been prescription of opioids only from the provider, with the exception of a limited amount of hydrocodone that he received in August 2013 and 4/19/13 associated with visits to the ER. The proposed treatment plan includes Fentanyl 100mcg/hr one patch every 2 days and Norco 10/325mg four times a day as needed (QID PRN) for breakthrough pain. 1/27/14 medical report identify that pain without medications was 10/10 and with medications was 9/10. The patient was on fentanyl patch 75mct/hr. There was also indication that the patient was offered a spinal cord stimulator (SCS), however, he declined due to expectation for a surgical procedure in the near future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 100 mcg/hour one patch every 2 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. Opioid Therapy for Chronic Pain. N Engl J Med 2003; 349:1943-1953 November 13, 2003, DOI: 10.1056/NEJMra025411 ([http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf)).

**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 records do not identify appropriate analgesia from the medications. The pain was at 10/10 without medication and only decreased to 9/10 with Fentanyl patch 75mcg/hr and Norco. Fentanyl was increased to 100mcg/hr, which only decreased pain to 8/10. In addition, the Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine state that opioid doses above 200 mg of morphine (or its equivalents per day) is considered high dose opioid therapy and is off-label, highly experimental and potentially dangerous. The patient exceeded such limit and there was clear rationale for doing so, in light of limited benefit from opioid medications. The previous determination appropriately modify the request to allow weaning, however, given inability to recommend a modified certification, the request as proposed was not medically necessary.