

<b>Case Number:</b>	CM14-0047573		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/09/1998
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 08/15/1998. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with pain in the lumbar spine. Current medications include Senokot, trazodone, Testim, Colace, ibuprofen, Cialis, Lyrica, Wellbutrin, Norco, Soma, Xanax, and a Duragesic patch. On examination of the lumbar spine, there was loss of normal lordosis with straightening of the lumbar spine and a surgical scar. Range of motion was restricted in all directions limited by pain and there was spasm and tenderness noted bilaterally over the paravertebral muscles. The provider recommended Duragesic patch 50 mcg with a quantity of 15. The injured worker stated that the trial of tapering Duragesic from 75 mcg/hour to 50 mcg/hour did not allow him to tolerate the pain level. With the decreased dose, he had decreased activity and found it difficult to get through the day with the pain level. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 50mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FENTANYL TRANSDERMAL Page(s): 93.

**Decision rationale:** The request for Duragesic patch 50 mcg #15 is not medically necessary. The California MTUS indicates Duragesic patches for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic should only be used in injured workers who are currently on opioid therapy for which tolerance has been developed. There is not enough complete and adequate pain assessment of the injured worker. Additionally, Duragesic patches are for moderate to severe chronic pain that would require continuous, around-the-clock opioid therapy and for pain that cannot be managed by other means. There was a lack of evidence that the injured worker had failure to respond to other therapy prior to the use of a Fentanyl or Duragesic patch. The provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.