

<b>Case Number:</b>	CM14-0048919		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/11/1997
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 and is licensed to practice in NEvada. 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 records presented for review indicate that this 79-year-old male was reportedly injured on April 11, 1997. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of low back pain radiating to the right and left legs. Current medications include Norco, Duragesic patches and MiraLAX. The physical examination demonstrated tenderness along the lumbar paraspinal musculature and lower lumbar facets from L3 to S1. No trigger points were noted. There was decreased lumbar spine range of motion with pain. There was also a normal lower extremity neurological examination. The treatment plan included continuation of Duragesic patches, Norco, and random urine drug screens. No diagnostic imaging studies were available for review. A request was been made for Duragesic patches and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch, 75mcg/hr for lumbar spine pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's Desk Reference, RxList.com, as well as the ODG, Workers Compensation Drug Formulary, odg-twc.co, Epocrates Online,

Monthly Prescribing Reference; [empr.com](http://empr.com), opioid dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator.[ageencymeddirectors.wa.gov](http://ageencymeddirectors.wa.gov)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific Drug List, Updated July 10, 2014. Goodman and Gilman's The Pharmacological basis of Therapeutics, 12th ed. McGraw Hill 2006. Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm). [drugs.com](http://drugs.com); Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing Reference; [www.empr.com](http://www.empr.com). opioid dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator, [www.ageencymeddirectors.wa.gov](http://www.ageencymeddirectors.wa.gov).

**Decision rationale:** A review of the attached medical record indicates that the injured employee was prescribed Duragesic patches as well as Norco. When taken as prescribed this combines to be the equivalent of 220 mg of morphine. This is well in excess of the Official Disability Guidelines recommendation of 120 mg. Furthermore the California Chronic Pain Medical Treatment Guidelines supports the use of opioid medications for moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Duragesic patches are not medically necessary.