

<b>Case Number:</b>	CM14-0122141		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/23/1989
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55 year old male, who sustained an industrial injury on 11/23/89. He has reported lower extremities and back injuries. The diagnoses have included lumbosacral spondylolisthesis and radiculopathy, and failed back surgery syndrome. Treatment to date has included medications, surgery, Transcutaneous Electrical Nerve Stimulation (TENS), steroid injections, dorsal column stimulator, hot packs and intrathecal pump. Currently, the injured worker complains of severe back pain radiating to left lower extremity with weakness. Recent Magnetic Resonance Imaging (MRI) of the lumbar spine revealed minimal disc desiccation and small annular fissure. The pain is constant on left more than right. It was also sharp, throbbing stabbing with spasm. The current pain rating was 3/10 aggravated by movements and relieved with heat, rest, lying down and medication. Physical exam revealed cervical spine with decreased range of motion. The lumbar/sacral exam revealed healed pump implant and fusion incisions, tenderness, straight leg raise positive on the left, lumbar spasms, and decreased strength bilateral extremities. The current medications were documented. Urine toxicology test was ordered. Treatment was to continue with Home Exercise Program (HEP) and conservative treatments and request for medication Fentanyl patches. Work status was permanent and stationary. On 7/9/14 Utilization Review modified a request for Fentanyl 50 mcg, quantity: 15 patches and Fentanyl 100 mcg, quantity: 30 patches modified to Fentanyl 50 mcg, quantity 5 patches and Fentanyl 100 mcg, quantity 15 patches , noting that this was to start the weaning process. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50 mcg, quantity: 15 patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** According to MTUS guidelines, “Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling 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.” In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with his medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl 50 mcg, quantity: 15 patches is not medically necessary.

**Fentanyl 100 mcg, quantity: 30 patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** According to MTUS guidelines, “Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling 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.” In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with his medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl 100 mcg, quantity: 30 patches is not medically necessary.

