

<b>Case Number:</b>	CM14-0190572		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 56-year-old male who was injured on March 24, 2008. The patient continued to experience pain in hi neck, back, upper extremity, and lower extremity. Physical examination was notable for paresthesias down S1 distribution bilaterally and the right anterior thigh. Diagnoses included Treatment included medications, epidural steroid injections, surgery, and home exercise program. Requests for authorization for Duragesic patch and Opana20 mg #60 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Patch 75mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Duragesic is a topical application of the opioid Fentanyl. Fentanyl is an opioid analgesic with a potency eighty times that of Morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock

opioid therapy. The pain cannot be managed by other means. Transdermal should only be used in patients who are currently on opioid therapy for which tolerance has developed. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. The recommendation is that dosing does not exceed 120 mg oral Morphine equivalents per day, and for patients taking more than one opioid, the Morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case the patient is taking Duragesic 75 mcg daily (180 mg Morphine equivalents), Norco 10/325 mg six per day (60 Morphine equivalents) and Opana 20 mg twice daily (120 Morphine equivalents). The total number of Morphine equivalents exceeds the recommended maximum of 120 mg Morphine equivalents/day. The request for Duragesic Patch is not medically necessary.

**Opana 20mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Opana is the opioid medication Oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. The recommendation is that dosing does not exceed 120 mg oral Morphine equivalents per day, and for patients taking more than one opioid, the Morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case the patient is taking Duragesic 75 mcg daily (180 mg Morphine equivalents), Norco 10/325 mg six per day (60 Morphine equivalents) and Opana 20 mg twice daily (120 Morphine equivalents). The total number of Morphine equivalents exceeds the recommended maximum of 120 mg Morphine equivalents/day. The request for Opana 20mg Quantity: 60 is not medically necessary.