

<b>Case Number:</b>	CM14-0197360		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/13/1990
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, 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:

Pursuant to the Primary Treating Physician's Progress Report dated September 10, 2014, the IW complains of back pain radiating down the leg, left lower extremity pain, and left upper extremity pain. He also has right upper extremity pain and right hip pain. The IW reports pain of 7-10/10. Pain has remained unchanged since last visit. Location of the pain is unchanged. The IW reports he is taking medications as prescribed, and they are effective. Objectively, the IW ambulates with a slow gait. There is restricted range of motion in the cervical spine as well as the lumbar spine. On examination of the paravertebral muscles, tenderness, tight muscle bands and trigger points were noted. The right hip range of motion is restricted with tenderness over the groin and SI joint. The current medications include Duragesic 25mcg/hr patch, Duragesic 100mcg/hr patch, Norco 10/325mg, Skelaxin 800mg, Cymbalta 60mg, Flector 1.3% patch, Bentyl 10mg, and Zantac 300mg. Documentation indicated that the IW has been using Duragesic patch since October 21, 2012. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Duragesic patch. The current request is for Duragesic patch 100mcg/hr patch TD72 every 48 hours #15, and Duragesic 25mcg/hr patch TD72 every 48 hours #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 100mcg/hr patch TD72 every 48hrs, QTY: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic 100 mcg per hour patch TD 72 every 48 hours #15 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking Duragesic 100 mcg per hour in conjunction with Duragesic 25 mcg per hour the combined morphine equivalent dose (MED is 300 per day). The injured worker reportedly is unable to tolerate nonsteroidal anti-inflammatory drugs. The documentation indicates the injured worker is using Duragesic patch since October 31, 2012. The documentation indicates there is no subjective improvement in pain relief. Additionally, there is no documentation indicating objective functional improvement. The injured worker is taking Duragesic 100 mcg per hour in conjunction with Duragesic 25 mcg per hour and the combined morphine equivalent dose (MED is 300 per day). There are no detailed pain assessments in the medical record. The patch is designed for use and to be changes every 72 hours. The treating physician wants it changes every 48 hours. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement, absence of subjective improvement and an MED in excess of the recommended guidelines, Duragesic 100 mcg per hour patch TD 72 every 48 hours #15 is not medically necessary.

**Duragesic 25mcg/hr patch TD72 every 48hrs, QTY: 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic 25 mcg per hour patch TD 72 every 48 hours #15 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking Duragesic 100 mcg per hour in conjunction with Duragesic 25 mcg per hour the combined morphine equivalent dose (MED is 300 per day). The injured worker

reportedly is unable to tolerate nonsteroidal anti-inflammatory drugs. The documentation indicates the injured worker is using Duragesic patch since October 31, 2012. The documentation indicates there is no subjective improvement in pain relief. Additionally, there is no documentation indicating objective functional improvement. The injured worker is taking Duragesic 100 mcg per hour in conjunction with Duragesic 25 mcg per hour and the combined morphine equivalent dose (MED is 300 per day). There are no detailed pain assessments in the medical record. The patch is designed for use and to be changes every 72 hours. The treating physician wants it changes every 48 hours. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement, absence of subjective improvement and an MED in excess of the recommended guidelines, Duragesic 25 mcg per hour patch TD 72 every 48 hours #15 is not medically necessary.