

<b>Case Number:</b>	CM14-0202384		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 was a 52 year old male, who had an accumulative trauma injury to the neck, back and left shoulder. According to the progress note of September 4, 2014, the injured worker states his pain 6/10: 0 being no pain and 10 being the worse pain. The injured worker has tried cervical epidural steroid injections in the past which helped with his shoulder blade region. On July 19, 2012, the injured worker had a MRI of the cervical spine showing discogenic disease from C3 to C7 with disc and osteophyte causing narrowing of the spinal canal but not impinging the spinal cord. Degenerative changes in the luschka and facet joints with neural foraminal encroachment, minimal C2-C3, C7-T1 and marked C3-C7 levels. Also, on July 19, 2012, the injured worker had a MRI for the lumbar spine showed degenerative changes in the lumbar spine pronounced at L4-5 and L5-S1 with minimal narrowing at L1-2, L2-3, L3-4, L5-S1 and minimal to mild at L4-5, neural foraminal S1 with minimal narrowing at L1-2, L2-3, L3-4, L5-S1 and minimal to mild at L4-5. Neural foraminal encroachment minimal at L1-2 mild L2-3 moderate L3-4, L4-5 and marked at L5-S1 and moderate at L3-4, L4-5 and marked at L5-S1. On July 20, 2012 an MRI of the left shoulder was completed, which showed type ii action, complex large tear at the anterior labra of glenoid with degenerative changes and possible tear of the posterior labrum. The QME report of August 12 2012, felt in the future the injured worker would need cervical, lumbar and left shoulder surgeries if conservative therapies failed. The progress note listed the medications the injured worker was currently using duragesic patch 12mcg apply one to skin change every two days for long acting pain control, Norco 10/325mg by mouth every 8 hours for breakthrough pain. Tegaderm patch to go over fentanyl patch. The injured worker to return to work with modified duties until October 31, 2014. The progress note of November 4, 2014, noted no changes in the injured workers pain medications. Pain level remained the same 6/10. The documentation failed to support the reason for the tegaderm patch. The injured worker

was to have a repeat MTI of the left shoulder; however, the report was not available for review. On November 13, 2014, the UR denied authorization for duragesic dis 12MCG/Hr 15 patches and 10 tegaderm patches. The UR denied authorization of the duragesic patch due to the MTUS guidelines for Fentanyl transdermal guidelines. The UR denied authorization for the tegaderm patches due to the documentation failed to show the rational and necessity for its use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duragesic Dis 12mcg/hr # 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44, 47, 74-88. Decision based on Non-MTUS Citation Drugs.com

**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 Johnson & Johnson). 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 opioids. 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 Duragesic Dis 12mcg/hr # 15 is not medically necessary.

#### **Tegaderm Patch # 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44, 47, 74-88. Decision based on Non-MTUS Citation www.drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** Tegaderm is an adhesive wound dressing used to allow better adhesion of the Fentanyl Patch. As the Fentanyl patch is not medically necessary, there is no need for Tegaderm patch which is not medically necessary.