

<b>Case Number:</b>	CM14-0203673		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Licensed in Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

This injured worker is a 60 year old female who sustained a work related injury on March 26, 2003 while working as a home health aide. The mechanism of injury was a motor vehicle accident. Initial treatments have included pain management and physical therapy, which was noted to not have been very helpful. The injured worker also had received chiropractic therapy which was helpful. Current documentation dated November 16, 2014 notes that the injured worker continued to have persistent right shoulder, neck, pelvis and thoracic pain. The injured workers medication regime was noted to be effective and brought down her pain level to five out of ten on the Visual Analogue Scale. The medication regime allowed her to be somewhat functional. Current medications include Duragesic Patches, Dilaudid, Celebrex, Lamictal, Welbutrin XL and Topamax. Physical examination was unchanged from a prior visit on September 10, 2014. Objective findings at that time were tenderness to palpation at the cervical paraspinal musculature. She had pain with cervical extension and rotation. Work status was permanent and stationary. Diagnoses include chronic neck and low back pain, chronic migraine headaches, traumatic brain injury with thought difficulties and right hip pain. The treating physician requested a prescription for Duragesic Patch's 100 mcg # 15 with no refills and a second prescription for Duragesic Patches 100 mcg # 15. Utilization Review evaluated and denied the requests on November 26, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were referenced regarding the Duragesic Patch requests. This medication is not recommended as a first line therapy. It is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. Opioids are not recommended for long term use without evidence of functional improvement or pain reduction. There is lack of evidence of overall functional improvement from the use of multiple medications, including Duragesic patches and Dilaudid. Weaning

provisions and support were previously completed. Therefore, the request for one prescription of Duragesic Patches 100 mcg # 15 is non-certified. The request for a second prescription of Duragesic Patches 100 mcg # 15 is also non-certified due to the previously stated reasons and due to the concurrent request which was non-certified. The continued use of the medication is not indicated.

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

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

**Duragesic 100mcg #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 Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS CPMTG with regard to Duragesic: "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] Corporation 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." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Duragesic nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation notes that UDS dated 7/16/14 was consistent. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore the request is not medically necessary.

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