

<b>Case Number:</b>	CM14-0206163		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 61 year old female with date of injury of 4/25/2008. A review of the medical records indicate that the patient is undergoing treatment for chronic repetitive strain disorder of upper extremity; status post bilateral carpal tunnel surgeries. Subjective complaints include persistent bilateral hand and wrist pain. Objective findings include positive Tinel's and Phalen's and decreased hand grips bilaterally; EMG from 5/31/2012 showed bilateral median nerve dysfunction. Treatment has included wrist brace, Biofreeze, Duragesic patch and Norco. The utilization review dated 11/13/2014 partially-certified Duragesic patch 25mcg #20 and Biofreeze Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 25mcg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 & 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids Page(s): 44; 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list.

**Decision rationale:** CA MTUS states and ODG agrees: "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 . . . 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." ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does include pain assessments and includes current, least, and average. With the multiple pain medications, there is serious risk of opioid dependence. Weaning from this regimen should occur. As such, the request for Duragesic patch 25mcg #20 patch is not medically necessary.

**Biofreeze gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) and Low Back, Topical.

**Decision rationale:** Biofreeze is a compound topical analgesic containing camphor and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Biofreeze is not medically necessary.