

<b>Case Number:</b>	CM14-0091345		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family Practice 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 53-year old female sustained a work related injury on 08/24/2007. According to Utilization Review, the injury occurred while she was pulling a heavy iron gate across the front of a store. She subsequently felt right shoulder pain. As of a progress report dated 05/28/2014, the injured worker reported constant burning pain in the suprascapular region going down the arm to the right thumb, index and long finger. Pain went down the midline to the lower portion of the thoracic spine. She also reported pinching in her right anterior shoulder, numbness and weakness in the same area, pain in the antecubital fossa to the ring and little fingers on the right and bilateral trapezius muscle spasm. Pain was rated 7 on a scale of 0-10. She also reported numbness in the lateral aspect of the right forearm and all five fingers at night. She described a knot in her right trapezius that was preventing her from turning her neck to the right. Pain was made worse by lifting, pushing and pulling and was better by lying down and sleeping. She was unable to cook or wash dishes. She reported trouble with activities such as showering because of headaches. According to the provider, laboratory testing performed on 12/12/2012 was consistent with her medication regimen. Diagnoses included neuralgia, neuritis and radiculitis unspecified, cubital tunnel syndrome and carpal tunnel syndrome. According to the provider, the injured worker was doing well with the combination of Naprosyn and Fentanyl. The provider also noted that she was doing well with Fentanyl down from 50 to 25. Prescriptions were given for Fentanyl, Naproxen and pantoprazole. Treatment plan included authorization request for psychiatrist and neurologist in the medical provider network and the medication Amrix. Radiographic imaging was not submitted for review. Treatments have included medications, compound creams, trigger point injections, physical therapy and Transcutaneous Electrical Nerve Stimulation. On 06/09/2014, Utilization Review modified Fentanyl Duragesic 25mcg/hour transdermal #10 that was requested on 06/02/2014. According to the Utilization Review

physician, there appeared to be little to no objective evidence of functional improvement on medication. The decision was appeal for an Independent Medical Review.

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

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

**Fentanyl (Duragesic 25 mcg/hr transdermal) #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of medications Page(s): 80; 124. Decision based on Non-MTUS Citation Washington, 2002; Colorado, 2002; Benzon, 2005

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic/Fentanyl, weaning medications Page(s): 44, 124.

**Decision rationale:** Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 claimant had been on NSAIDs, Oxycodone and Fentanyl for several months. According to the guidelines, :Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); The tapering was requested to wean the claimant off the Fentanyl. Continued use is not medically necessary. In this case, the above tapering protocol was not provided in the clinical notes. There also was no indication about failure of other medications during prior visits. The claimant had been provided a 25 MCG dose in 12/2013 and a 12 mcg dose in April 2014. The request for the Fentanyl dose above and tapering protocol are not clearly defined in the guidelines and therefore is not medically necessary.