

<b>Case Number:</b>	CM15-0138476		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/08/2004
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 59-year-old female, who sustained an industrial injury on 8/8/04. Initial complaints were not reviewed. The injured worker was diagnosed as having failed back syndromre-lumbar; postlaminectomy syndrome-lumbar; lumbosacral disc injury with radiculopathy; lumbosacral arachnoiditis; internal derangement, failed lumbar. Treatment to date has included status post laminectomy/discectomy (3/2005); status post anterior lumbar interbody fusion L4-5/L5-S1 and posterior fusion L4-5/L5-S1 (4/20/22/10); physical therapy; urine drug screen; medications. Diagnostics studies included MRI lumbar spine (2/27/09); EMG/NCV study bilateral lower extremities (5/20/09); Discogram (7/15/09). Currently, the PR-2 notes dated 4/2715 indicated the injured worker complains her condition is up and down. For periods of time she has excruciating pain and not able to walk or do anything. She is looking for a new doctor out there as well. Today is fair to baseline. She complained of persistent pain in her legs, and numbness in her feet. Her toes and her heels hurt also. The symptoms may keep her awake at night. She cannot get up in the morning and cannot do any exercise. She is a status post laminectomy/discectomy (3/2005); status post anterior lumbar interbody fusion L4-5/L5-S1 and posterior fusion L4-5/L5-S1 (4/20/22/10). Basically, her condition has unchanged symptoms after all these years. She cannot sleep and has to use sleeping pills. Her foot pain is severe at times and they are numb. She is on Xanax. She is also prescribed Gabapentin 1200mg three times daily and Fentanyl patch 25mcg two patches every 72 hours. She has run out of Norco for breakthrough pain and needs this refilled. She may sometimes forget to use it. Walking is considerably more difficult and limited to less than 10 minutes and less and less after each break. Standing and walking are difficult. Her pain reaches 9-10/10. At sleep, pain also increased to barely bearable levels. Her sleep has dropped off significantly. Her feet are burning. She has breakthrough pain medications, which she needs several times per month. The provider documents her urine drug screening results show Gabapentin, Fentanyl, Omazepam,

benzodiazepine and Alprazolam. Alprazolam was not prescribed by this provider. Her gait is stable; her spine inspection has significant paralumbar firmness. Flexion at 15 degrees and extension 5 degrees, lateral flexion were 12 degrees with slight mid-line pain. Rotation/extension of the lumbar spine was limited with Kemp's. Lower extremities motor was 5/5 and DTR were 2+ in patella and Achille's. Straight leg raise was tight and painful with heel examination with Haglund's deformity and no tender to palpation o her heel. The provider is requesting authorization of Duragesic patch 25 micrograms/hour, 2 patches every 72 hours, #20 with 2 refills.

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

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

**Duragesic patch 25 micrograms/hour, 2 patches every 72 hours, #20 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl) is not medically necessary.