

<b>Case Number:</b>	CM15-0142285		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/27/1998
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 08-27-2015. The injured worker is currently working. The injured worker is currently diagnosed as having post lumbar laminectomy syndrome, chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, adjustment disorder with mixed anxiety and depressed mood, obesity, abnormality of gait, and pain in lower leg joint. Treatment and diagnostics to date has included lumbar spine surgeries, implanted intrathecal pain pump which has been replaced once and recently removed due to infection, implanted spinal cord stimulator without success, left total knee replacement, and use of medications. In a progress note dated 06-11-2015, the injured worker presented to establish care for her workers compensation injury. Objective findings included crepitus to right knee and limited range of motion to back. The treating physician reported requesting authorization for Fentanyl Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 50 mcg/hr, Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (duragesic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Duragesic Page(s): 44.

**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] and marketed [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." 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 non-adherent) 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 neither documentation to support the medical necessity of fentanyl patch nor any documentation addressing the '4 As' 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was carried out at regular intervals and CURES reports were also reviewed for compliance. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.