

<b>Case Number:</b>	CM15-0205049		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Emergency Medicine

### 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 58 year old female, who sustained an industrial injury on 11-17-2006. Medical records indicated that the injured worker is undergoing treatment for opioid dependence, chronic pain syndrome, cervicgia, insomnia, depression, and long term use of opiate analgesic. Treatment and diagnostics to date has included lumbar spine surgery, aquatherapy, acupuncture, cervical epidural injections, consistent urine drug screen dated 05-13-2015, and use of medications. Recent medications have included Neurontin, Orphenadrine, Zoloft, Zyrtec, Omeprazole, Nuvigil, Fentanyl, Fentora, Singulair, Advair, and Oxycodone. Subjective data (08-07-2015 and 10-02-2015), included back pain, hand problems, knee pain, and neck pain. Objective findings (10-02-2015) included "normal" gait and station. The treating physician noted the injured worker's Fentanyl was reduced from 75mcg to 62mcg (combination of 50mcg and 12mcg) and that the urine drug screen dated 05-18-2015 was "appropriate". The Utilization Review with a decision date of 10-09-2015 modified the request for 15 patches of Duragesic 12mcg and 15 patches of Duragesic 50mcg and 8 patches of Duragesic 12mcg and 8 patches of Duragesic 50mcg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**15 patches of Duragesic 12mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested 15 patches of Duragesic 12mcg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain, hand problems, knee pain, and neck pain. Objective findings (10-02-2015) included "normal" gait and station. The treating physician noted the injured worker's Fentanyl was reduced from 75mcg to 62mcg (combination of 50mcg and 12mcg) and that the urine drug screen dated 05-18-2015 was "appropriate". The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 15 patches of Duragesic 12mcg are not medically necessary.

**15 patches of Duragesic 50mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested 15 patches of Duragesic 50mcg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain, hand problems, knee pain, and neck pain. Objective findings (10-02-2015) included "normal" gait and station. The treating physician noted the injured worker's Fentanyl was reduced from 75mcg to 62mcg (combination of 50mcg and 12mcg) and that the urine drug screen dated 05-18-2015 was "appropriate". The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 15 patches of Duragesic 50mcg are not medically necessary.