

<b>Case Number:</b>	CM15-0022353		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on January 19, 2011. The diagnoses have included cervical fusion with post laminectomy syndrome, ulnar neuritis, depression and generalized anxiety disorder. A progress note dated January 26, 2015 provided the injured worker complains of neck and arm pain with numbness in arms and hands when lying flat. She reports the patches give her 90% pain relief. Her pain is increased in the cold. On January 29, 2015 utilization review non-certified a request for Retrospective Tegaderm 4"x4-3/4" dressing quantity 15 (DOS: 09/30/14, 10/28/14) and Retrospective Fentanyl 75mcg quantity 15 (DOS: 09/17/14, 09/30/14, 10/28/14, 11/25/14, 12/22/14). The www.ncmedical.com and Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective tegaderm 4"x4-3/4" dressing quantity 15 (DOS: 09/30/14, 10/28/14):**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncmedical.com; Tegaderm dressing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Instructions for Use DURAGESIC, accessed via World Wide Web at [http://www.duragesic.com/sites/default/files/pdf/duragesic\\_patient\\_instructions\\_0.pdf](http://www.duragesic.com/sites/default/files/pdf/duragesic_patient_instructions_0.pdf), page 4.

**Decision rationale:** The MTUS Guidelines and ODG do not address the use of Tegaderm for improving adhesiveness of fentanyl patch. The patient instructions for the use of Duragesic (transdermal fentanyl) recommends covering the patch with Bioclusive or Tegaderm to assist with the patch sticking to the skin. No other bandage or tape should be used. Medical necessity of this request has been established. The request for Retrospective tegaderm 4"x4-3/4" dressing quantity 15 (DOS: 09/30/14, 10/28/14) is determined to be medically necessary.

**Retrospective fentanyl 75mcg quantity 15 (DOS: 09/17/14, 09/30/14, 10/28/14, 11/25/14, 12/22/14):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section, Opioids section Page(s): 44, 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Duragesic patch 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. The injured worker has been able to remain at work with the use of fentanyl patch. Aberrant behavior is routinely assessed, including urine drug screening, as recommended by the MTUS Guidelines when utilizing opioid pain medications. Urine drug screening has been consistent with fentanyl use. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for Retrospective fentanyl 75mcg quantity 15 (DOS: 09/17/14, 09/30/14, 10/28/14, 11/25/14, 12/22/14) is determined to be medically necessary.