

<b>Case Number:</b>	CM15-0024472		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 65 year old male who sustained an industrial injury on 2/29/08 involving a slip and fall involving his back. He currently complains of chronic neck and back pain. Of note, he had pre-existing neck and back pain prior to the slip and fall. Medications are Fentanyl, Restoril. Diagnoses include chronic lumbar dysfunction with left sided radiculopathy; chronic dorsal strain; long-term medication use; brachial neuritis; sciatica; cervical and lumbar spondylosis. Treatments noted were medications that were effective with pain relief. Diagnostics included cervical and lumbar MRIs showing diffuse spondylosis and disc protrusion. In the progress note dated 1/5/15 the treating provider administered a drug screen and indicates that the injured worker gets relief from Fentanyl to perform activities of daily living. He is being evaluated for medication management and ongoing medication therapy. On 1/22/15 Utilization Review non-certified the requests for Fentanyl 12 mcg/ hour patch #5 and Fentanyl 12 mcg/ hour # 10 citing MTUS: Chronic pain Medical Treatment Guidelines: Fentanyl; MTUS: Chronic Pain Medical treatment Guidelines: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 12mcg/hr patch #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Fentanyl

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids Page(s): 44; 79. Decision based on Non-MTUS Citation Pain, Opioids, Specific drug list

**Decision rationale:** CA MTUS states and ODG agrees: 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. 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. ODG does not recommend the use of opioids except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does include pain assessments and includes current, least, and average. This patient has a primary diagnosis of musculoskeletal pain, which guidelines recommend against the use of Fentanyl for this type of pain. As such, the request for Fentanyl 12mcg/hr patch #10 is not medically necessary.

**Fentanyl 12mcg/hr patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Fentanyl

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids Page(s): 44; 79. Decision based on Non-MTUS Citation Pain, Opioids, Specific drug list

**Decision rationale:** CA MTUS states and ODG agrees: 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. 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. ODG does not recommend the use of opioids except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment

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