

<b>Case Number:</b>	CM15-0210191		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/24/2001
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 76 year old man sustained an industrial injury on 8-24-2001. Diagnoses include low back pain, shoulder pain, and constipation. Treatment has included oral and topical medications including Duragesic patches (since at least 1-27-2015). Physician notes dated 9-15-2015 show complaints of low back pain rated 3 out of 10 and left shoulder pain rated 6 out of 10 with stiffness, numbness in the legs, hip pain, and bilateral foot pain. The physical examination shows bilateral ankle dorsiflexion weakness rated 4 out of 5, "decreased" range of motion of the left shoulder, "decreased" range of motion of the lumbar spine. Recommendations include refill Duragesic patches and follow up in one month. Utilization Review denied a request for Duragesic patches on 9-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patches 500mcg #10 NR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Duragesic (fentanyl transdermal system), Fentanyl.

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

**Decision rationale:** The patient presents on 09/15/15 with lower back and hip pain rated 3-6/10 with associated numbness in the lower extremities. The patient's date of injury is 08/24/01. The request is for Duragesic patches 500MCG #10 NR. The RFA is dated 09/16/15. Physical examination dated 09/15/15 reveals decreased range of motion in the left shoulder with abduction, tenderness to palpation of the lumbar spine, and pain elicitation upon flexion and extension. The patient is currently prescribed Duragesic patches. Patient's current work status is not provided. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Duragesic patches for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of medication efficacy, compliance, or a statement regarding aberrant behavior. The most recent progress note, dated 09/15/15, has the following regarding medication efficacy: "The pain is relieved with Duragesic patches." Such vague documentation does not satisfy MTUS Guidelines, which require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no clear documentation of analgesia is provided, no functional improvements are noted, no urine toxicology reports are provided for review, and there is no explicit statement regarding aberrant behavior. While this patient presents with significant chronic pain; without appropriate documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.