

<b>Case Number:</b>	CM15-0210841		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 42 year old female who sustained an industrial injury on 02-01-2007. A review of the medical records indicated that the injured worker is undergoing treatment for degenerative disc disease at L4-5 and L5-S1. According to the treating physician's progress report on 09-11-2015, the injured worker continues to experience low back pain radiating down the posterolateral portion of the bilateral lower extremities, worse on the right and rated at 7 out of 10 on the pain scale. Examination demonstrated flexion at approximately 50 degrees and extension at 10 degrees. A positive straight leg raise on the right was noted at 70 degrees. Motor strength was intact in the bilateral lower extremities. Deep tendon reflexes were 1+ and equal at the patellar and Achilles. Prior treatments have included diagnostic testing, physical therapy, aquatic therapy, acupuncture therapy, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic therapy, massage therapy, lumbar epidural steroid injection times one, psychiatric evaluation, several pain management consultations and medications. The injured worker has declined surgical intervention or a spinal cord stimulator (SCS). Current medications were listed as Norco 10mg-325mg, Duragesic 25mcg, Ibuprofen, Tylenol, Toradol and Wellbutrin. It was not known who prescribed Toradol. The injured worker has been on Norco for at least 3 years and Butrans for over a year prior to Duragesic being prescribed in 09-2015. According to the progress report in 01-2015, discussions regarding aberrant drug usage and urine drug screenings were documented. Concern for positive Ritalin and THC results as well as negative results for prescribed medications in the random urine test were documented and discussed with the injured worker. Treatment plan consists of continuing medication regimen and the current request for Duragesic 25mcg #10. On 10-20-2015, the Utilization Review determined the request for Duragesic 25mcg #10 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mcg #10:** 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): Fentanyl.

**Decision rationale:** According to the guidelines, Fentanyl (Duragesic) is an opioid analgesic with a potency eighty times that of morphine. Duragesic is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Norco and Butrans for the past year. The claimant had also been getting marijuana. The claimant had a few urine result discrepancies in the past. Long-term use of opioids has not been studied. VAS score reduction with use of medications was not consistently noted in the past. There is no indication for use of a Duragesic patch vs. long acting oral opioids. The use of Fentanyl is not medically necessary.