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| <b>Case Number:</b>   | CM15-0055425 |                              |            |
| <b>Date Assigned:</b> | 03/30/2015   | <b>Date of Injury:</b>       | 11/27/1996 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain and bilateral shoulder pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of November 27, 1996. In a Utilization Review report dated March 15, 2015, the claims administrator partially approved requests for Duragesic patches, apparently for tapering or weaning purposes. A RFA form received on March 9, 2015 was referenced in the determination, along with a progress note of the same date. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of shoulder pain and depression. The attending provider stated that the applicant was using 17 different medications. Highly variable 6-9/10 pain complaints were noted, exacerbated by lifting, sitting, bending, standing, twisting, and exposure to cold weather. The applicant had undergone a prior failed lumbar spine surgery. Ancillary issues with asthma, depression, hypertension, and obstructive sleep apnea requiring usage of CPAP device were reported. The applicant was spending much of his day reclined and/or resting, the treating provider acknowledged. The applicant was using a cane to move about, which was further noted. Multiple medications were refilled, some of which included Cialis, Thermophore patches, Benadryl, Terazosin, Zonegran, Effexor, Zanaflex, Cymbalta, Lidoderm, Ambien, Norco, Duragesic, Cialis, Cymbalta, and Lidoderm patches. The applicant reported ongoing issues with anger, frustration, and depression; it was stated in several sections of the report. The applicant's work status was not explicitly stated, although it did not appear

that the applicant was working. In a February 4, 2015 progress note, the applicant reported highly variable pain complaints ranging from 4-9/10.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Duragesic patch 100mcg/hr: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Duragesic (fentanyl transdermal system); Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Duragesic, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work, which was suggested on a progress note of March 3, 2015. The applicant continued to report pain complaints as high as 6-9/10 on that date. The applicant was having difficulty performing activities of daily living as basic as lifting, sitting, bending, and twisting, the treating provider acknowledged, despite ongoing medication consumption. The applicant was having difficulty moving about and was using a cane to move around. The attending provider also acknowledged that the applicant was seemingly bedridden for much of the day. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Duragesic. Therefore, the request was not medically necessary.

#### **15 Duragesic patch 75 mcg/hr: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Duragesic (fentanyl transdermal system); Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Duragesic, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work, which was suggested on a progress note of March 3, 2015. The applicant continued to report pain complaints as high as 6-9/10 on that date. The applicant was having difficulty performing activities of daily living as basic as lifting, sitting, bending, and twisting, the treating provider

acknowledged, despite ongoing medication consumption. The applicant was having difficulty moving about and was using a cane to move around. The attending provider also acknowledged that the applicant was seemingly bedridden for much of the day. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Duragesic. Therefore, the request was not medically necessary.