MAXIMUS Federal Services

| Case Number: | CM15-0086794 | | |
|---|---|---|---|
| Date Assigned: | 05/11/2015 | Date of Injury: | 04/12/2007 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/18/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

## 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: 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 57 year old male, who sustained an industrial injury on 4/12/07. He reported a closed head injury and orthopedic injuries. The injured worker was diagnosed as having fractured pelvis and sacrum. Treatment to date has included oral and topical medications including opioids, multiple surgeries, physical therapy and home exercise program. Currently, the injured worker complains of back and sacral pain rated 8/10 without medications and 3/10 with medications. Physical exam noted tenderness to palpation of sacrum. It is noted the injured worked is working full time. A request for authorization was submitted for Duragesic patches #15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 75 MCG #115:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Dosing Page(s): 86-87.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the appropriate dosing of the Duragesic Patch. These recommendations are as follows: Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Opioid Dosing Calculator Morphine Equivalent Dose (MED) factor: Fentanyl transdermal (in mcg/hr) 2.4. In this case, the request for #115 Duragesic Patches far exceeds a typical one-month supply for treatment of pain and likely reflects a typographical error in the request. It should be noted in the Utilization Review process, this was noted and the request modified to an appropriate dose of #15 patches of the 75 mcg Duragesic Patch strength. Therefore, #115 Duragesic Patches is not medically necessary; however, the request was appropriately modified to the correct amount of #15 Duragesic Patches at 75 mcg strength.