

<b>Case Number:</b>	CM14-0144281		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old male who was injured on 10/12/2010. The diagnoses are neck and low back pain. There are associated diagnoses of sleep apnea and morbid obesity. The MRI was significant for multilevel disc bulges in the lumbar and cervical spine. There was congenital stenosis at L4-5, L5-S1. On 8/12/2014, report noted pain score of 6/10. There was positive straight leg raising test, decreased range of motion and tenderness over the lumbar spine. The patient was able to increase activities of daily living (ADL) and physical activities following pain relief from the medications utilization. The recommendation for surgery at lumbar spine is being processed. The medications are Duragesic patch, Norco and gabapentin for pain and Tizanidine for muscle spasm. The records indicate that MS Contin was discontinued due to complaints of vomiting. The urine drug screen (UDS) was reported as appropriate on 2/21/2014. A Utilization Review determination was rendered on 8/22/2014 recommending non-certification for Duragesic 25mcg/hour #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 25 mcg/hr, #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, and 74 - 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of severe musculoskeletal pain when non-opioid medications, PT or surgical options cannot be utilized or have failed. It is recommended that Fentanyl patch be reserved as a second line option when long acting oral opioids cannot be tolerated. The records indicate that the patient have exhausted non-opioids options and is still awaiting surgical options. The patient was reported to be compliant and has consistent UDS reports. There was no documentation of aberrant behaviors. The patient could not tolerate orally administered long acting opioids because of persistent gastrointestinal side effects. The patient was able to increase ADL and physical activity with the utilization of the medications. The criteria for the use of Duragesic patch 25mcg/hour #10 are met.