

<b>Case Number:</b>	CM14-0147976		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Management and is licensed to practice in Tennessee. 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 44-year-old male who has submitted a claim for knee arthropathy associated with an industrial injury date of 10/22/2002. Medical records from 2012-2014 were reviewed. The patient was being seen for chronic left knee neuropathic pain, which tends to fluctuate significantly. Pain is rated at 5 out of 10 with medications. Physical examination revealed tenderness and hypersensitivity around the left knee, with pain along the course of the peroneal nerve. There is laxity in provocation tests at the knee with a positive patellar sign. Treatment to date has included knee surgery, oral medications and Duragesic patch (since 2012). Utilization review from 08/14/2014 modified the request for Duragesic patch 100mcg #15 to #5 for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 100mcg # 15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl transdermal, Page(s): 44; 93.

**Decision rationale:** Page 44 and 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) 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, Duragesic patch was used as far back as November 2012. No side effects were reported and documentation shows evidence of pain improvement and functional gains with use. Urine drug screen obtained on 06/20/2014 were consistent with prescription medications. The medical necessity has been established. Therefore, the request for Duragesic patch 100mcg #15 is medically necessary.