

<b>Case Number:</b>	CM14-0163861		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Emergency Medicine and is licensed to practice in California. 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 injured worker is a 58 year-old male, who sustained an injury on April 22, 2002. The mechanism of injury occurred when he lifted a 5 pound bucket. Diagnostics have included: April 11, 2014 CT lumbar spine reported as showing multilevel disc bulges with foraminal stenosis and facet hypertrophy. Treatments have included: lumbar decompression, medications. The current diagnoses are: chronic lumbar backache, myofascial strain, lumbar disc disease, bilateral lower extremity radiiculopathy, failed back surgery syndrome. The stated purpose of the request for Duragesic 12.5mcg #10 was not noted. The request for Duragesic 12.5mcg #10 was denied on September 30, 2014, noting a very high opiate load and the need to reduce opiate dosage. Per the report dated July 30, 2014, the treating physician noted complaints of lumbar back pain. Exam findings included restricted lumbar range of motion with tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 12.5mcg, #10 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drug; Benzodiazepines, Muscle Relaxants; NSAID's; Op. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS Physicians' Desk Reference (PDR), 68th Edition, 2014 and on the Non-MTUS website, www.drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-86.

**Decision rationale:** The requested Duragesic 12.5mcg, #10 with no refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has lumbar back pain. The treating physician has documented lumbar range of motion with tenderness. The treating physician has not documented VAS (visual analog scale) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Duragesic 12.5mcg, #10 with no refills is not medically necessary.