

<b>Case Number:</b>	CM14-0186430		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

Patient with reported date of injury on 10/4/2001. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar radiculitis, lumbago, sciatica, degenerative disc disease and facet arthropathy. Medical reports reviewed. Last report available until 10/2/14. Patient complains of low back pain radiating to L leg. Pain is worst with movement. Patient was previously on Norco and wants to switch back to Duragesic patches for pain control. Patient claims that the medication works better than Norco. Pain is 9/10. Objective exam reveals tenderness to lumbar spine and facet joints. Crepitus with movement and limited range of motion. Tenderness to bilateral SI joint. Review of prescription and prior Duragesic use shows that patient was previously on Duragesic 25mcg/hr patch every 2days. Progress note on 4/18/14, 6/26/14, 7/17/14 states that since patient was taken off her duragesic and placed on Norco, pt has become less capable of activities of daily living and is not able as much ADLs. Pain was previously documented at 3-4/10 and increased to 9/10. Note on 4/18/14 states that duragesic was less effective due to having Lyrica denies. Note on 3/6/14 and 3/19/14 prior to denial of Lyrica and Duragesic, patient's pain was 6/10 and was reportedly able to perform some ADLs. Urine Drug testing dated 7/17/14 was positive for opiates. Current medications include Norco, Lyrica and Skelaxin. Independent Medical Review is for Duragesic 25mcg #15. Prior UR on 10/24/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Duragesic 25 mcg # 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic ( Fentanyl Transdermal Cream).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78. Decision based on Non-MTUS Citation [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/019813s0331bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019813s0331bl.pdf)

**Decision rationale:** Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Reinitializing use of duragesic is appropriate with current pain regiment not providing as much pain relief as prior regiment. However, as per FDA labeling due to high dosage of the medication in each patch and risks of overdose and side effects, fentanyl use requires close monitoring and proper documentation of opioid tolerance. Even with Norco use, this patient may not be tolerant as defined by FDA labelling guidelines so the provider needs to clearly document this on the record and meet the criteria as per FDA labelling. The provider has also decided to restart Duragesic frequency of patch change of every 2days(Q48hours) which is not an appropriate dose or frequency for such a high risk medication to be restarted. Labelling recommends starting at Q72hours. The current prescription and dosage of Duragesic as prescribe is not appropriate and is therefore not medically necessary.