

<b>Case Number:</b>	CM14-0151705		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Internal 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 patient is a 46 year old female who presents with neck and upper back pain and left upper extremity pain. The pain is described as 5/10 and is characterized as dull and aching and radiating to the neck, left shoulder, left arm and wrist. Meds help her and have no side effects. Depression is also noted. Her meds include Lisinopril, Menthoderm gel, Lexapro, Terocin, Buspar, Flexeril, Fentanyl or Duragesic, Neuronitn, and Methadone. Her diagnoses are cervicgia, lateral epiconslylitis, sciatica, and Reflex sympathetic dystrophy of the upper limb. The MD requested a refill for her Duragesic 25 mcg every other day and the UR denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 25 mcg/hr, Qty: 15 for symptoms related to the neck and left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date topic 8441 and version 115.

**Decision rationale:** The section on chronic pain notes that fentanyl or duragesic patches is not recommended as first line opioid treatment and is released in the skin. The FDA approves this treatment for chronic pain which requires continuous opioid use and cannot be controlled by other means. We also note that the patch should be applied only to patients who are tolerant to narcotics after being treated with shorter acting opioids. Lastly, these patches should be worn for 72 hours before being changed for a new patch. In the up to date analysis we note that the FDA is recommending duragesic when alternate opioids such as shorter acting agents are not adequate and it is accompanied by a warning that it carries an increased risk of overdose and death because of its prolonged duration of effect. In the above patient, she is not on a short acting opioid which would be the preferred narcotic because of less danger of accumulation and sudden catastrophic respiratory or cardiac side effects. The patient is also on Methadone, which also has a long half-life, and combined with Fentanyl is a dangerous combination. Lastly, the Fentanyl is prescribed every other day and not every third day as is indicated. This increases the risk of dangerous accumulation and serious consequences. Therefore, this request is not medically necessary.