

<b>Case Number:</b>	CM14-0087949		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained an industrial injury on 5/27/00 from a slip and fall injuring her low back and ultimately undergoing low back surgery. She currently complains of chronic low back pain. Her current pain level is 2-3/10; her average pain level is 3-5/10. Since starting opioids she can live independently. Her pain level has decreased over time with the opioids. Medications are hydrocodone-acetaminophen, Tegaderm frame style, Duragesic Patch. Diagnoses include chronic low back pain; status post lumbar discectomy L4-5 (2004). Treatments to date include medications. In the progress note dated 5/14/14 the treating provider's plan of care includes a trial of Duragesic patch since she has not yet filled her last prescription and her pain is stable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25 mcg patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Transdermal Patches and Long-term Users of Opioids (6 months or more).

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

**Decision rationale:** The patient presented with diagnoses of chronic low back pain; status post-lumbar discectomy L4-5 (2004). The patient complained of chronic low back pain. The request is for Duragesic 25 mcg patch #10. The UR dated 5/21/14 (2C) modified the request to a certification of 1 prescription of Dilaudid 25 mcg patch #8. The treating physician on 5/14/14 (44C) states, "we agreed to trial a 25 mcg patch given her current VAS score and stable pain." The physician later states on 6/9/14 (46C), "the patient has done well with our prior taper of the fentanyl patch. At this time, we will not refill that medication." Then on 7/22/14 (47C) the physician states, "We will restart the Fentanyl." The remainder of the clinical history through 2/12/15 (68C) does not address Duragesic patches and instead notes pain is now being managed through the use of Norco and Gabapentin. MTUS guidelines for Duragesic state: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic 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 there is documentation that the patient's pain is being managed by other means (Norco and Gabapentin). The current request is not medically necessary and the recommendation is for denial.