

<b>Case Number:</b>	CM15-0009535		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55 year old male with an industrial injury dated 10/07/2003. On 12/03/2014 the injured worker presented with neck pain described as aching, sharp, shooting and burning. He reports the pain as constant and rated it as 6/10 on the day of the visit. Prior treatment includes neck surgery, epidural steroid injections and medications. The provider notes the injured worker has been unable to reduce the use of medications and is actually escalating the use of medications at the present time. The provider also noted opioid agreement has been signed and the urine drug screen and CURES reports are consistent. Current medications include Fluoxetine, Lisinopril, Bupropion HCL, Morphine, Hydrocodone-acetaminophen, Norco, MS Contin, Omeprazole, Subsys, Fentanyl patch, Amitriptyline and Nucynta. Diagnoses includes herniation disc, cervical; failed back syndrome, cervical; opiate dependence, internal derangement of knee, degenerative disc disease, cervical; displaced disc with myelopathy, cervical and Cervicalgia, radiculopathy, cervical. On 12/18/2014 utilization reviewed modified a request for Fentanyl 75 mcg/hr transdermal patch # 15 to Fentanyl 75 mcg/hr transdermal patch # 10. The request for psyche clearance for pump implantation was non-certified. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75 MCG/HR Transdermal Patch #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria to use Opioids, page(s) 75-81; Duragesic (fentanyl transdermal system) page 68. Page.

**Decision rationale:** Duragesic (fentanyl transdermal system). 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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of Fentanyl and other opioids. The patient was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore the prescription of Fentanyl 75 MCG/HR Transdermal Patch #15 is not medically necessary.

**Psyche Clearance for Pump Implantation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implantable drug-delivery systems (IDDSs)

**Decision rationale:** According to ODG guidelines, Implantable drug-delivery systems (IDDSs) recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated in the blue criteria below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. There is insufficient evidence to recommend the use of implantable drug-delivery systems (IDDS) for the treatment of chronic pain. There are no high quality studies on this topic that document that this therapy is safe and effective. Further, significant complications and adverse events have been documented and the data identifies a substantial risk to patients. There is no clear documentation that the patient failed at least 6 months conservative therapies and the request for pump implantation is not medically necessary. Therefore, the request for clearance for pump implantation is not medically necessary.

