

<b>Case Number:</b>	CM15-0101181		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 47 year old male, who sustained an industrial injury on 6/04/2010. Diagnoses include low back pain, right lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, chronic pain syndrome, numbness, lumbar disc pain and lumbar degenerative disc disease. Treatment to date has included diagnostics, medications including Fentanyl patch, Norco, Ambien and Soma and injections. Per the Primary Treating Physician's Progress Report dated 4/21/2015, the injured worker reported low back pain and arm pain that is unchanged since the last visit. Physical examination of the lumbar spine revealed 5/5 strength bilaterally, diminished sensation at the right L5 dermatome. The sciatic notches were described as painful to palpation and the paraspinal muscles and sacroiliac joints were described as tender to palpation. Bilateral upper extremity examination revealed 5/5 muscle strength bilaterally, diffuse tenderness to palpation at the bilateral elbows, flexible range of motion at the bilateral elbows with no redness or swelling and intact equal sensation. The plan of care included transdermal medications and authorization was requested for Norco 10/325mg #180 and Duragesic patches 75mcg #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patches 75mcg #10:** Overturned

**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 Opioids Page(s): 74-96.

**Decision rationale:** The patient has chronic low back pain and bilateral wrist pain. The current request is for Duragesic Patches. The MTUS guidelines recommend Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS page 78 for opioids states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the treating physician has provided documentation of improved function and decreased pain levels with his medication. The 1/6/15 attending physician report indicates that he is able to work full time and have some quality of life with his medication. His pain levels are reported as 6/10 without medications and 4/10 with medications. The treating physician also indicates that urine drug screening was performed which was positive for opioids and negative for all other substances. An existing opioid drug agreement was noted and the patient does not appear to exhibit aberrant drug behavior. The current request is medically necessary.