

<b>Case Number:</b>	CM15-0117882		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/02/2000
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70-year-old female, who sustained an industrial injury on 08/02/2000. According to a progress report dated 05/22/2015 the injured worker had a history of chronic low back pain in the setting of lumbar degenerative disc disease and sacroiliac joint dysfunction. She had a recent pain flare that was affecting her mobility to walk. Low back and bilateral leg pain was rated 8 on a scale of 1-10 with medications and 10 without medications. She reported that the benefit of chronic pain medications maintenance regimen, activity restriction, and rest continued to keep pain within a manageable level to allow her to complete necessary activities of daily living. She wished to increase her mobility and had recently bought some walking sticks. Current medications included Lidoderm patch, Celebrex, Fentanyl patch 50mcg and Cymbalta. No side effects were reported. The provider noted that the injured worker's pain condition was moderately to significantly affecting her work, concentration, mood, sleeping pattern and overall functioning. She was able to do her shopping for about 20 minutes before resting, but was unable to do any vacuuming or dusting. Assessment included lumbar radiculopathy, degeneration of lumbar intervertebral disc, sacroiliac joint somatic dysfunction and arthropathy of lumbar facet joint. The treatment plan included continuation of chronic pain medications, continuation with use of heat and ice, rest and gentle stretching and exercise, follow up in one month and request for authorization extension for approved bilateral L4-5, L5-S1 transforaminal epidural steroid injection. Documentation shows utilization of Fentanyl dating back to 2013. Currently under review is the request for Fentanyl patch 50mcg #10 for lumbar pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fentanyl patch 50mcg #10 for lumbar pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physicians' Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com); ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm).[www.drugs.com](http://www.drugs.com); Epocrates Online, Calculator - AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)(as applicable; Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 5/15/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is 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 Alza Corporation and marketed by Janssen Pharmaceutical (both subsidiaries of Johnson & Johnson). 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. Guidelines state that Fentanyl is an opioid analgesic with potency eight times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. CA MTUS Chronic Pain Medical Treatment Guidelines state that prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. There was no discussion of significant and specific improvement in ADLs because of use of Fentanyl. Documentation provided did not discuss the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. As such, the request for Fentanyl patch 50mcg #10 is not medically necessary.