

<b>Case Number:</b>	CM15-0098393		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

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 58 year old male who sustained an industrial injury on 07/01/92. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies include lumbar spine x-rays, a CT scan of the lumbar spine, 2 MRIs of the lumbar spine, and a SPECT scan. Current complaints include lower back pain and left leg pain. Current diagnoses include lumbar spine radiculitis, lumbar spine fusion, and lumbar spine spondylosis. In a progress note dated 04/15/15, the treating provider reports the plan of care as medications including Norco and Duragesic, home exercise program, and a thoracolumbar sacral orthosis brace. The requested treatments include Duragesic patches. The injured worker has been on Duragesic patches since at least 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 100mg, #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids, specific drug list - Fentanyl transdermal (Duragesic; generic available); Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic-fentanyl transdermal system, CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

**Decision rationale:** The patient presents on 04/15/15 with lower back pain rated 5/10 with medications, 8-9/10 without medications. The progress note is handwritten and marginally legible. The patient's date of injury is 07/01/92. Patient is status post anterior lumbar interbody fusion at L3 through S1 levels with removal of old TLIF cages on 02/04/15. The request is for 1 Prescription For Duragesic Patch 100mg #15. The RFA was not provided. Physical examination dated 04/15/15 reveals tenderness to palpation and spasm from L3 to L5 levels, decreased lumbar range of motion, and positive straight leg raise test bilaterally at 60 degrees. The patient is currently prescribed Norco, Duragesic patches, Lyrica, and Zantac. Diagnostic imaging included lumbosacral spine X-ray dated 04/21/15, significant findings include: "Post surgical changes with better fusion at L3-L4, L4-L5, and L5-S1 levels with intact hardware. Rotatory scoliosis noted. Disc space narrowing throughout the lumbar spine and lower thoracic spine, sparing at L2-L3 level without interval change." Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 44, states: "Duragesic, fentanyl transdermal system, is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."In regards to the request for additional Duragesic patches for the management of this patient's chronic intractable pain, the treater has not provided adequate documentation to substantiate continued use. Progress report dated 04/15/15 notes a reduction in pain from 8-9/10 without medications to 5/10 with medications. In regard to functional benefits, the handwritten note states "increased ADLs + function." It is also noted that this patient's CUREs report is consistent. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider has documented analgesia, but has not provided activity-specific functional improvements, consistent urine drug screens, or a stated lack of aberrant behavior. Owing to a lack of complete 4A's documentation as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.