

<b>Case Number:</b>	CM14-0155021		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/02/1996
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who reported an injury on 10/02/1996 due to an unspecified mechanism of injury. In the 07/16/2014 clinical visit the injured worker complained of panic attacks and feeling isolated and alone. The injured worker had diagnoses of lumbar spine radiculitis, post-laminectomy syndrome, fibromyalgia, status post morphine pump implant titrating, severe depression and suicidal ideations, chronic pain syndrome, upper gastrointestinal dysfunction, and edema. The medications included Savella, Duragesic patch, Percocet, Dalmane, and Soma. The past treatments included aquatic therapy and heat. The injured worker rated her pain at 6/10 using the VAS. The objective findings dated 07/16/2014 revealed a pain pump providing approximately 40% relief. Objective findings revealed the injured worker was alert and orientated, without pinpoint pupils, with poor affect, and an antalgic gait with the assistance of a cane. Lower extremities had +1 pitting edema. Sensation was decreased at the L5 distribution bilaterally. Dentition was poor. Ranges of motion to the extremities were flexion 30 degrees, extension 10 degrees, right lateral 10 degrees, and left lateral 10 degrees, with pain of the extremities. The treatment plan included a Duragesic patch. The Request for Authorization dated 09/25/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Duragesic 25mg #10, apply 1 patch every 72 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) ongoing managementopioid dosing Page(s): 44 78 86.

**Decision rationale:** The request for Unknown Duragesic 25mg #10, apply 1 patch every 72 hours is not medically necessary. The California MTUS Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesics for pain that cannot be managed by other means. There should be documentation of an objective functional improvement, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalence per day. Per the documentation, the injured worker has a pain pump in place that is providing 40% relief. The injured worker is also taking Percocet and Duragesic patch, and the injured worker has rated her pain at 6/10. Guidelines indicate not to exceed 120 mg oral morphine equivalent per day. The equivalence of the Duragesic patch and Percocet equal 105 mg per day. However, that does not include the pain pump. The documentation indicates that the injured worker is consistent with the CURES that was dated 11/21/2013. The Duragesic patch should not be used long term; however, documentation indicates that the injured worker has been taking the Duragesic patch for an extending period of time. The request did not address the duration. As such, the request is not medically necessary.