

<b>Case Number:</b>	CM13-0016772		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 patient is a 47-year-old female who reported an injury on 05/26/2005. The mechanism of injury was not specifically stated. The patient is currently diagnosed with degeneration of lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis, lumbago, and muscle spasm. The patient was recently seen by [REDACTED] on 09/20/2013. The patient reported site irritation with the use of fentanyl patch. Physical examination revealed ongoing leg pain, decreased sensation in the anterior and lateral aspect of the leg, and a normal gait. Treatment recommendations included prescriptions for Nuvigil, Neurontin, Soma, Zanaflex, Zofran, Senokot, Nucynta, Percocet, Adderall, Ambien, Celebrex, and Viibryd.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FENTANYL TRANSDERMAL SYSTEM, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FENTANYL, OPIOIDS Page(s): 44,74-82.

**Decision rationale:** California MTUS Guidelines state fentanyl transdermal system is not recommended as a first line therapy. As per the documentation submitted, the patient currently

reports site irritation with the use of fentanyl patches. As per the note on 09/20/2013, the patient was advised to discontinue Cymbalta, fentanyl patch, and Nucynta IR. Therefore, there is no evidence of this patient's current utilization of this medication. Based on the clinical information received, the request is non-certified.