

<b>Case Number:</b>	CM13-0032635		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 61-year-old male who reported an injury on 10/06/2011. The patient is currently diagnosed with degeneration of the lumbar spine, lumbar disc displacement without myelopathy, and sprain and strain of the thoracic region. The patient was seen by [REDACTED] on 09/19/2013. The patient reported continuous lumbar pain. Physical examination revealed an ability to ambulate without assistance and no difficulty or pain with sitting. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Retrospective Fentanyl patch, dispensed on 9/5/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical

notes submitted, the patient's latest physical examination did not reveal any musculoskeletal or neurological deficit. The patient continuously utilizes opioid medication. However, there is no documentation of a musculoskeletal that would require continuous opioid administration. The medical necessity for the requested medication has not been established. As such, the request is non-certified.