

<b>Case Number:</b>	CM13-0038732		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Family Practice and is licensed to practice in Texas. 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 injury on 08/22/2001. The mechanism of injury was not provided. The patient's diagnoses were not provided. The request was made for 1 prescription of fentanyl patch 50 mcg/hour #15 between 09/19/2013 and 11/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 50mcg/hour #15 between 9/19/13 and 11/22/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

**Decision rationale:** California MTUS guidelines indicate that Fentanyl is used for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS) and that it should only be used in patients who are currently on opioid therapy for which tolerance has developed. Clinical documentation submitted for review failed to provide an examination for the date of the requested service and as such, there was a lack of documentation indicating the patient's pain could not be managed by other means and the patient had developed

a tolerance for opioid therapy. There was a lack of a note to accompany this request. Given the above, the request for 1 prescription of fentanyl patch 50 mcg/hour #15 between 09/19/2013 and 11/23/2013 is not medically necessary.