

<b>Case Number:</b>	CM13-0041515		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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, 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:

<<Insert Case Summary>>

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25 mcg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006. Physicians Desk reference 65th ed. ODG Workers Compensation Drug Formulary, Epocrates Online, Opioid Dose Calculator and ACOEM Cervical and Thoracic Spine; Table 2, Summar

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** California MTUS/ACOEM Guidelines recommend the use of opioids in treating chronic pain. Efficacy of the medication should include assessment of the patient's current pain level; the least reported pain since the last assessment; average pain level; intensity of pain after using the opioid; how long it takes for the pain relief to begin; and how long the pain relief lasts. Medication compliance should be monitored using frequent urine drug screens and functional ability should be measured at 6 month intervals using a numerical scale or

validated instrument. Although the current clinic notes record the patient's current pain levels, there is no assessment of pain as it relates to the use of Fentanyl. There was also no functional testing included in the medical records submitted for review; however, the most current urine drug screen shows medication compliance. Without objective documentation to support the continued use of Fentanyl, medical necessity cannot be determined. As such, the request for Fentanyl 25 mcg is non-certified.