

<b>Case Number:</b>	CM13-0045580		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine 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 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:

This is a 29 year old female who sustained injury on 04/02/2009 and was under care of [REDACTED]. Records indicate that she had MRI of thoracic spine and left knee that unremarkable. A most recent note dated 08/05/2013 by [REDACTED] indicates she presented with complaints of sharp and constant pain and discomfort in her lower back radiating to her bilateral thighs, legs, and feet. She has a history of kidney dysfunction. No physical exam was documented. She was diagnosed with thoracic spine sprain/strain syndrome, chronic thoracic spine facet joint arthropathy, cervical and lumbar sprain/strain syndrome secondary to mid back/thoracic spine injury, and left knee joint arthropathy. Treatment plan was refill Duragesic patch 75 mcg, Actiq 400 mcg, Valium 5 mg, and Baclofen 5 mg. The current review is for Fentanyl OT LOZ 400MCG Day Supply:30 Qty:90. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl OT LOOZ 400mg day supply: 30, QTY 90 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop),& Opioids, criteria for use, CRITERIA FOR USE OF OPIOIDS Page(s): 12,.

**Decision rationale:** As per CA MTUS guidelines, there is limited efficacy for long-term use of opioid medication and should be limited to short-term pain relief. There is no documentation regarding screening for substance abuse or addiction. Guidelines recommend that continue use of opioids is recommended if the patient has improved functioning and pain. There are no objective findings or physical exam documented by the provider for the continued use of opioid medication. Guidelines also indicate that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore, the request for Fentanyl OT LOZ 400MCG Day Supply:30 Qty:90 is non-certified.