

<b>Case Number:</b>	CM13-0054672		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physical Medicine and Rehabilitation 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 58-year-old female who reported an injury on 11/26/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with chronic low back pain, lower extremity pain, L4-5 spondylolisthesis, lumbar spinal stenosis, degenerative L5-S1 disc, lumbar facet joint arthropathy, regional myofascial pain, ADHD, and depression. The patient was seen by [REDACTED] on 11/05/2013. The patient reported ongoing low back pain with radiation to the left lower extremity. Physical examination revealed tenderness to palpation, decreased range of motion, and positive straight leg raising. Treatment recommendations included continuation of all conservative treatment and continuation of current medications including Fentanyl patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 50 mcg/hr #10:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state Duragesic is not recommended as a first line therapy. Ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request for Fentanyl patch 50 mcg/hr #10 is non-certified.