

<b>Case Number:</b>	CM13-0060716		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/2002
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, Pain Management 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 expert 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 51-year-old male who reported an injury on 09/01/2002. The mechanism of injury was not specifically stated. The patient is currently diagnosed with low back pain, sacroiliac pain, lumbosacral degenerative disc disease, and chronic pain. The patient was seen by [REDACTED] on 09/13/2013. The patient reported ongoing moderate low back pain. Physical examination revealed tenderness to palpation with reduced range of motion of the lumbar spine. 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:

**15 FENTANYL 12MCG WITH 11 REFILLS:** 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 Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 moderate pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. The request for 15 Fentanyl 12mcg with 11 refills is not medically necessary and appropriate.

**15 FENTANYL PATCHES 75MCG WITH 11 REFILLS:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 moderate pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. The request for 15 Fentanyl patches 75mcg with 11 refills is not medically necessary and appropriate.

**240 NORCO 10/325MG WITH 3 REFILLS:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 moderate pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. The request for 240 Norco 10/325mg with 3 refills is not medically necessary and appropriate.