

<b>Case Number:</b>	CM13-0067395		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine & Rehabilitation 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 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 injured worker is a 53-year-old male who reported injury on 09/13/2012. The mechanism of injury was the injured worker was pinned by a large piece of heavy metal. The medication history included opiates as of late 2012. Prior treatments included physical therapy, medications, and facet joint injections. The documentation of 11/13/2013 revealed the injured worker was taking Percocet and Fentanyl patches and the usual pain was 8/10. The documentation indicated the pain was the same and the medication usage was the same. The injured worker signed a narcotic agreement on 05/28/2013. However on 11/13/2013, the injured worker refused to give a urine tox screen. The physical examination revealed the injured worker was in moderate to severe discomfort and had pain behavior. The diagnoses included chronic pain syndrome and degeneration of lumbar or lumbosacral intervertebral disc, lumbago, and pain in joint forearm, as well as other specified idiopathic peripheral neuropathy. It was indicated the controlled substance utilization review and evaluation system (CURES) report was done at regular intervals. The treatment plan included fentanyl patches 72 hours, 25 mcg per hour 1 patch to skin transdermal. The injured worker indicated with ongoing use of pain medications he was able to take walks, sit in the car for a couple of hours, stand in 1 place such as doing dishes, folding clothes, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 50MG PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) Page 44, ongoing management, page 78 Page(s): 44, 78.

**Decision rationale:** MTUS Guidelines indicate that Duragesic (Fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective improvement in function and was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective improvement in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request is not medically necessary.