

<b>Case Number:</b>	CM13-0067850		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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, 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 patient is a 66 year old female who has filed a claim for low back pain associated with an industrial injury date of October 28, 2009. Medical records from 2013-2014 were reviewed showing the patient complaining of chronic low back pain and bilateral lower extremity pain. The pain persists despite use of fentanyl patches and oxycodone IR. There is documented functional improvement and an improved ability to perform simple household tasks as well as activities of daily living with her current medication regimen in the November 6, 2013 note. On examination, there were noted tender cervical facets bilaterally from C4-C7. The lumbar spine was noted to be tender through L3-L5. Lumbar range of motion was significantly limited due to pain. Facet loading maneuvers worsened pain subjectively. There is noted bilateral lower extremity discomfort and bilateral lower extremity numbness in the stocking glove pattern from mid thigh down. There is note of a moderate opioid risk assessment with past urine drug tests being consistent with prescribed medications. Treatment to date has included opioid and non-opioid pain medications, trigger point injections, physical therapy, and epidural steroid injections. A utilization review determination from November 27, 2013 denied the request for fentanyl patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 75MG/HR #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009 Page(s): 93.

**Decision rationale:** Page 93 of the MTUS Chronic Pain Guidelines states that fentanyl transdermal patches are recommended for moderate to severe persistent chronic pain requiring continuous, around-the-clock opioid therapy for which tolerance has developed. In this case, the patient has been using fentanyl patches since April 2013. However, the documentation did not provide evidence that the patient cannot be sustained on regular oral opioids for pain relief. There is no documentation concerning tolerance for her opioid therapy. Therefore, the request for fentanyl patches is not medically necessary and appropriate.