

<b>Case Number:</b>	CM14-0001406		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/01/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 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 75-year-old male who has submitted a claim for lumbosacral spondylosis, and sciatica; associated from an industrial injury date of 02/01/2004. Medical records from 06/24/2009 to 01/10/2014 were reviewed showing that patient complains of right hip numbness, and neuritic pain to bilateral lower extremities. There was resolution of back pain. Physical examination showed that patient was alert and oriented. Patient ambulates with ease without using any assistive devices. Treatment to date has included Tramadol, Celebrex, Fentanyl, Hydrocodone/APAP, capsaicin, acyclovir, amlodipine, Astepro, Diovan, Lipitor, metoprolol, Senokot, Colace, acetaminophen, baclofen, hydromorphone PCA, Maalox, physical therapy, and posterior spinal fusion T9-S1 and transverse lumbar intravertebral fusion L5-S1 (09/26/2013). Utilization review from 12/04/2013 denied the request for Fentanyl 15 mcg/hr because it is not recommended for musculoskeletal pain; and approved the request for Fentanyl 50 mcg/hr for the purposes of weaning for patient safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 12MCG/HR #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Fentanyl

**Decision rationale:** As stated on page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines, Fentanyl patch is not a first-line treatment. Official Disability Guidelines state that Fentanyl is not recommended for musculoskeletal pain. A medical report, dated 01/07/2014, stated that patient is on Fentanyl 50 mcg/hr., and the records reveal that the patient has been on Fentanyl patch since 06/24/2009. Furthermore, the patient claims absence of back pain, there are no signs of opioid withdrawal, and no flare up of symptoms. In addition, there is no documentation of functional improvement. Treatment plan as of this date is to titrate Fentanyl patch to 37 mcg/hr in 1-2 weeks. Fentanyl 12mcg/hr was discontinued since 01/07/2014. Therefore, the request for fentanyl 12mcg/hr #30, is not medically necessary.