

<b>Case Number:</b>	CM14-0007831		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 female with date of injury 11/11/2012. The mechanism of injury is stated as a slip and fall. The patient has complained of bilateral wrist pain, neck pain and lower back pain since the date of injury. She has been treated with epidural corticosteroid injections, physical therapy and medications. MRI of the right wrist performed in 02/2013 revealed a triangular fibrocartilage complex tear and mild degenerative joint disease. Objective: decreased range of motion of the cervical spine, decreased range of motion of the upper extremities, painful and decreased range of motion of the lumbar spine. Diagnoses: lumbosacral radiculopathy, neck pain, wrist pain. Treatment plan and request: Fentanyl patch, Ketopr./Ketam./Lidoc./Gabap. Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCH 25 MCG #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC (FENTANYL TRANSDERMAL SYSTEM).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old female has complained of bilateral wrist pain, neck pain and lower back pain since the date of injury. She has been treated with epidural corticosteroid injections, physical therapy and medications, to include Fentanyl patch since at least 03/2013. The current request is for a Fentanyl patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl patch is not indicated as medically necessary.

**ONE CREAM TUBE OF KETOPR./KETAM./LIDOC./GABAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 51 year old female has complained of bilateral wrist pain, neck pain and lower back pain since the date of injury. She has been treated with epidural corticosteroid injections, physical therapy and medications, Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketopr./Ketam./Lidoc./Gabap. Cream is not indicated as medically necessary.