

<b>Case Number:</b>	CM14-0105562		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 37 year old male sustained an injury on 04/26/2006. The mechanism of injury is unknown. Prior treatment history has included TENS, ice, stretching; all without much relief. Prior medication history included Fentanyl, Norco, Alprazolam, Soma, and Voltaren gel. Progress report dated 06/05/2014 documented the patient to have complaints of discomfort and a feeling of sluggishness since his opioid medication has been reduced. He has no energy and feels he is unable to be productive and unable to work. On exam, there is tenderness to palpation over the paraspinal muscles and axial tenderness. Lumbar range of motion is stiff and with discomfort with extension. He is tender at the right SI joint, piriformismuscle, and trochanter. Fabers test is positive bilaterally with discomfort and stiffness with flexion and internal rotation right hip. The lower extremities revealed positive straight leg raise on the left with tightness. Deep tendon reflexes are equal bilaterally. He is diagnosed with failed back surgery syndrome and SI joint pain. He is recommended for a refill of Fentanyl patch 75 mcg #20 with Tegaderm to allow for weaning to discontinuation. Prior utilization review dated 06/12/2014 states the request for Fentanyl patch 75 mcg/hr #20 with Tegaderm 4x6 #20 to allow the patient this one refill for the purpose of weaning to below 120 MED, over a weaning period of 2-3 months (2 refills) is modified to allow for one refill for weaning to discontinuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 75 mcg/hr #20 with Tegaderm 4x6 #20 to allow the patient this one refill for the purpose of weaning to below 120 MED, over a weaning period of 2-3 months (2 refills):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl transdermal (Duragesic; generic available) Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Fentanyl

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines Fentanyl Patch, a potent opioid, is not recommended as a first-line therapy and is indicated in the management of chronic pain for continuous opioid analgesia for pain that cannot be managed by other means. In this case, the guidelines have been exceeded as this should not have been used as first-line therapy and modifications of this medication are recommended for weaning therefore, the request is not medically necessary.