

<b>Case Number:</b>	CM14-0017942		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 04/10/2005. The mechanism of injury was not stated. The current diagnoses include lumbar disc bulge, chronic L5 radiculopathy, status post left knee arthroscopy, left carpal tunnel syndrome, left greater trochanteric bursitis, depression, acute post-traumatic sprain and strain of the cervical spine, post-traumatic chest contusion, acute post-traumatic sprain and strain of the left shoulder, status post left carpal tunnel release, and status post repeat left knee arthroscopy. The injured worker was evaluated on 02/13/2014. The injured worker reported improvement in neuropathic pain. The injured worker reported severe left knee pain with left-sided lower back pain. Previous conservative treatment includes facet rhizotomy/neurotomy on 01/31/2013 as well as cortisone injections into the left thumb and elbow. Current medications include Fentanyl patch 50 mcg/hr. Physical examination revealed tenderness in the midline cervical spine and bilateral paraspinal musculature, moderate bilateral lumbar paraspinal tenderness with 2+ muscle spasm, positive straight leg raising, and decreased strength in the left lower extremity. The treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 50MCG/HR Q 48HRS #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesics Page(s): 44,74-82.

**Decision rationale:** The California MTUS Guidelines state Duragesic is not recommended as a first line therapy. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur with ongoing opioid management. As per the documentation submitted, the injured worker has utilized Duragesic 50 mcg patch since 07/2013. Despite ongoing use, the injured worker continues to report severe left knee pain with activity limitation, low back pain, cervical spine pain, and left hip pain. There is no evidence of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is not medically necessary.