

<b>Case Number:</b>	CM14-0113403		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/28/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 04/28/1997 due to an unknown mechanism. Past treatments were lumbar facet radiofrequency injection. Diagnostic studies were an MRI that revealed multilevel degenerative disc disease with bulging of the lumbar spine. There were no reported surgeries. Physical examination on 05/27/2014 revealed complaints of low back pain. The injured worker reported that the pain was axial in nature. He denied any radicular symptoms in his lower extremities. Examination of the lumbar spine revealed extension was measured to 20 degrees, flexion was to 50 degrees, left lateral bending was to 25 degrees and right lateral bending was to 25 degrees. Spasm and guarding was noted in the lumbar spine. Motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus. Medications were Hydrocodone/APAP 10/325 mg 1 to 2 tablets every 8 hours, Nabumetone/Relafen 500 mg 1 twice a day, Fentanyl 50 mcg/hr patch change every 72 hours, Cyclobenzaprine 7.5 mg 1 tablet as needed, Valium 5 mg 1 tablet as needed, Lisinopril 10 mg 1 tablet daily, lovastatin 10 mg 1 tablet daily, and Wellbutrin XL 300 mg 1 tablet daily. Treatment plan was to discontinue Cyclobenzaprine 7.5 mg and prescribe Orphenadrine/Norflex ER 100 mg 1 tablet at bedtime as needed. Take medication as directed. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/hour QTY 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl), Ongoing Management Page(s): page(s) 44, 78.

**Decision rationale:** The request for Fentanyl 50 mcg/hr quantity 10 is not medically necessary. The California Medical Treatment Utilization Schedule states that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, and objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalence per day. Ongoing management and review of documentation in pain relief should be continuous to include pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain; the last reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines have set forth 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was no urine toxicology screens submitted and conservative therapy reports such as physical therapy, massage, acupuncture, were not submitted. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.