

<b>Case Number:</b>	CM14-0132756		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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 injured worker is a 64-year-old female who reported an injury on 01/31/2001. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of chronic pain syndrome, lumbar degenerative disc disease, post laminectomy syndrome, and cervical spondylosis. Past medical treatment consists of surgery, physical therapy, injections, massage therapy, acupuncture, and medication therapy. On 06/21/2012, an x-ray of the cervical spine was obtained. Medications include lansoprazole, Spiriva, Lexapro, Abilify, Symbicort, Flector, Fentanyl, Ventolin, metoprolol, Losartan, metformin, amlodipine, Norco, and Flexeril. The injured worker has undergone lumbar spine surgery. On 05/28/2014, the injured worker complained of low back pain bilaterally with left side worse than the right. Physical examination revealed spine curvature flattening of normal lumbar lordosis. Examination of the thoracic spine noted that there was no tenderness to palpation. Trigger points, muscle spasm, and paraspinal muscle tightness was absent. Straight leg raise was positive on the left for low back pain. Palpation of the facet joints revealed mild tenderness on the right. SI joints were non-tender bilaterally and Sciatic notch tenderness absent bilaterally. It was also noted that the injured worker was not able to flex forward. Sensory examination revealed normal to touch. The treatment plan is for the injured worker to continue to the use of Fentanyl patches. The rationale and Request for Authorization form 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:

**15 Fentanyl 12mcg/hr patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), ongoing management, opioid dosing Page(s): 44, 78, 86.

**Decision rationale:** The request for 15 Fentanyl patches is not medically necessary. California MTUS Guidelines indicate that Fentanyl is not recommended as a first line therapy. The FDA approved product labeling states that Fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The submitted documentation lacked any side effects in the report. There was also a lack of evidence that the Fentanyl was helping with any functional deficits the injured worker had. Furthermore, the report did not submit a drug screen to show that the injured worker was compliant with California MTUS Guidelines. Additionally, the request as submitted did not indicate a frequency or duration for the medication. As such, the request for Fentanyl patches is not medically necessary.