

<b>Case Number:</b>	CM14-0163570		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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:

This 46 year-old patient sustained an injury on 5/16/07 while employed by [REDACTED]. Request(s) under consideration include Fentanyl patches 100mcg/hr #15 and Fentanyl patches 50mcg/hr #15. Diagnoses include Lumbago. Report of 9/18/14 from the provider noted the patient with ongoing chronic pain to bilateral lumbar spine, right knee, right ankle, and left foot. Pain worsened with activities relieved with medications; however, pain and ADLs remained unchanged, not improved. Exam showed tenderness to lumbar paraspinal muscles, sacroiliac joints, right ankle, left plantar fascia, right knee, right hip greater trochanteric regions; right knee with positive McMurray's; diffuse decreased reflexes on left with decreased sensation on left L4-5 dermatomes. The request(s) for Fentanyl patches 100mcg/hr #15 was modified for #8 to wean and Fentanyl patches 50mcg/hr #15 was modified for #8 to wean on 9/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patches 100mcg/hr #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) APG Insights", Winter 2007, "Role of Opioids in the Management of Work Injuries", page 10

**Decision rationale:** Fentanyl is an ultra-potent opioid, specifically cited as "Not Recommended" in the ACOEM supplement, "APG Insights," noting no research-based pharmacological or clinical reason to prescribe for trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury of 2007 without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Fentanyl patches 100mcg/hr #15 is not medically necessary and appropriate.

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