

<b>Case Number:</b>	CM14-0185263		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/29/2006
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

53-year-old man sustained a work-related injury on March 29, 2006. Subsequently he developed chronic neck and low back pain. The patient underwent anterior cervical discectomy and fusion C3-4 in October of 2008. The EMG/NCV study of the upper extremities performed on September 11, 2014 documented no evidence of cervical radiculopathy, carpal tunnel syndrome or cubital tunnel syndrome bilaterally. According to the progress report dated July 14, 2014, the patient complained of constant cervical spine pain. He rated his pain as a 10/10. The pain radiates to the head causing very frequent headaches. The pain also radiates down the left arm to the fingers. He had constant numbness of the bilateral upper extremities down into the middle and ring fingers. He had decreased range of motion of the cervical spine, especially to the right. The patient also complained of constant lumbar pain. He rated his pain as a 10/10. He was unable to kneel or squat. The pain radiates down through both legs entirely to the toes. He experienced numbness down both legs, which was usually after he takes his medication. He experienced weakness of the bilateral lower extremities. Examination of the cervical spine revealed tenderness to palpation throughout the right cervical spine, left mid upper cervical spine, bilateral trapezii, medial border of the scapulae, and extending to the entire thoracolumbar spine. There was no palpable spasm. The range of motion was limited by pain. Examination of the upper extremities revealed tenderness of the anterior bilateral shoulders. Resisted salute and drop arm test were negative bilaterally. Resisted abduction was negative for the right shoulder and positive for the left shoulder. The shoulder's range of motion was limited by pain. Examination of the lumbar spine revealed tenderness throughout the entire thoracolumbar spine. He was tender over the bilateral chest wall and bilateral iliac crests, left greater than right. He was tender over the sciatic notches bilaterally. Seated straight leg raising was negative bilaterally, but with stated low back pain bilaterally. Seated sensation to light touch was

decreased on the entire left foot. Sensation to pinprick as decreased on the entire left leg. The patient was diagnosed with anterior cervical discectomy and fusion, moderate to marked degenerative disc disease, mild spinal stenosis, and moderate herniated nucleus pulposus, L5-S1. The provider requested authorization for Fentanyl.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fentanyl patch #10 one patch every 72 hours, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. There is no documentation in the patient records supporting the efficacy of Fentanyl or other opioids. There is no documentation for the need for several opioids and around the clock opioids. Based on the above, 10 Fentanyl patches are not medically necessary.