

<b>Case Number:</b>	CM14-0021750		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/16/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old male who has submitted a claim for severe disc desiccation with small to moderate central disc herniation L4-5, status post laminectomy discectomy L5-S1, status post decompression and fusion L5-S1, discogenic disease L4-5, status post anterior and posterior lumbar fusion at L4-5 with removal and placement of instrumentation posteriorly at L5-S1, associated with an industrial injury date of November 16, 2004. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down the left leg. Physical examination revealed lumbar spine range of motion as follows: flexion 50/90 degrees, extension 10/30 degrees, rotation 15/30 degrees bilaterally, lateral bending WNL. Paralumbar muscle spasm was noted. Straight leg raise test, Lesegue's test, and Patrick's test were negative. Gaenslen's test was positive bilaterally. Gait was antalgic. Diffuse sensory deficits were noted. Treatment to date has included laminectomy discectomy L5-S1 (7/13/06), decompression and fusion L5-S1 (5/24/07), anterior and posterior lumbar fusion at L4-5 with removal and placement of instrumentation posteriorly at L5-S1 (10/2011), acupuncture, chiropractic treatment, physical therapy, epidural steroid injections, and medications, which include Ibuprofen 800mg, Skelaxin 400mg, Naproxen 550mg, Flexeril 10mg, Soma 350mg, Norco 10/325mg, Darvocet, Lyrica, Neurontin 300mg, Xanax, Utilization review from January 31, 2014 modified the request for Fentanyl Disc 50mcg/hr, Days Supply 30, Quantity 10, MED 120 to Hydrocodone/APAP 10/325mg, Days Supply 11, Quantity 65, MED 60 because guidelines do not support the chronic daily use of opioids for musculoskeletal pain and continuation is only supported if there is significant functional improvement (reports note that the medications maintain minimal functionality), and there is evidence of compliance (several UDS tests noted no Hydrocodone or Benzodiazepine when he reported daily use); there has not been any explanation for the inconsistent UDS results. MTUS recommends against more

than 120mg/day MED but the addition of Fentanyl increases the MED to 180mg/day. The request was modified to allow weaning.

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

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

**FENTANYL DISC 50 MCG /HR ,DAYS SUPPLY 30, QUANTITY 10 ,MED 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 44, 78-81,93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Fentanyl.

**Decision rationale:** According to page 44 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Fentanyl transdermal system is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. Page 93 of the guidelines state that Fentanyl transdermal patches are recommended for moderate to severe persistent chronic pain requiring continuous, around the clock opioid therapy for which tolerance has developed for opioid therapy. Ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been on chronic opioid treatment since June 2005. Guidelines suggest discontinuation of opioids if there is no overall improvement in function, and such is the case of the patient. Patient has a history of inconsistent urine drug screens which may suggest misuse or noncompliance and he has also been diagnosed with hypogonadism secondary to pain medications, both of which support discontinuation of opioid treatment. Furthermore, the previous UR already approved Hydrocodone/APAP for weaning. Therefore, the request for fentanyl disc 50 mcg /hr ,days supply 30, quantity 10 ,med 120 is not medically necessary.