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| <b>Case Number:</b>   | CM14-0021755 |                              |            |
| <b>Date Assigned:</b> | 05/05/2014   | <b>Date of Injury:</b>       | 11/16/2004 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 11/16/2004. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with lumbar disc displacement. His symptoms included numbness and tingling to the left leg and feet posteriorly. Weakness was noted to his back and knees. The patient was noted to be using a single point cane for ambulation. His current medications included Alprazolam 1 mg tablet, Fiorinal 50/325/40 mg, Lyrica 50 mg, Qualaquin 324 mg, and Zanaflex 4 mg; frequency was not provided. Past medical treatment included physical therapy, chiropractic therapy, injection therapy, oral medications, and acupuncture. Diagnostic studies were not included in the medical records. The Request for Authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL DISC 50MGC/HR, 30 DAYS SUPPLY #10, MED 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** According to the California MTUS Guidelines, initiating therapy for patients with continuous pain includes extended release opioids. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine a sustained release dose required. The guidelines recommend only 1 drug change at a time and the initiation of prophylactic treatment for constipation. The guidelines further state, opioid dosing should not exceed 120 mg oral morphine equivalents per day. The morphine equivalent doses of the different opioids must be added together for patients taking more than one opioid, to determine the cumulative dose. The documentation submitted for review indicated the patient would start a trial of Fentanyl patch 50 ugm every 3 days as needed for baseline pain and a trial of Abstral 400 ugm 1 to 2 as needed for severe breakthrough pain. However, the California Guidelines recommend that opioid dosing should not exceed 120 mg oral morphine equivalents per day. As the documentation indicated the patient would also undergo a trial of Abstral 400 ugm 1 to 2 twice a day as needed, the dosing exceeds the 120 mg recommendation. Additionally, as there was noted to be more than one drug change and no indication that prophylactic treatment of constipation would be initiated, the request is not supported. Given the above, the request for Fentanyl Disc 50MGC/HR, 30 days supply #10, MED 120 is not medically necessary.