

<b>Case Number:</b>	CM14-0026321		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Louisiana. 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 69 year old female who was injured on 03/29/1996. She sustained an industrial injury. Prior medication history included Nasonex, Fentanyl and Insulin. The patient underwent radiofrequency neurolysis medial branches of the right L2, L3, L4, and L5 in February and March of 2012. Toxicology report dated 02/12/2014 revealed Fentanyl as the reported prescribed medication reported and there were positive results for Fentanyl and Norentanyl. Progress report dated 02/10/2014 indicated the patient returned for a routine medication refill. She reported she is able to function and do her ADL. She reported her pain level a 2/10. Her physical exam was within normal limits. Diagnoses are lumbar facet disease, lumbar spondylosis, lumbar degenerative disc disease, and opiate dependence. Follow-up office visit dated 05/18/2013 indicated the patient had a side effect of a rash when using the Fentanyl patches. She reported she uses Nasonex when applying Fentanyl to help with the rash. She did state the Fentanyl patch was helpful and she is continuing to exercise. Impressions were chronic low back pain, lumbar facet arthritis, narcotic dependence, and nicotine addiction. Prior utilization review dated 02/21/2014 states the request for Fentanyl patches 25 MCG is not certified as there are no documented measurable analgesic benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCHES 25MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Topical Analgesics Page(s): 44, 111-113.

**Decision rationale:** As per CA MTUS guidelines, fentanyl patches are not recommended as a first-line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be management by other means. Additionally, the California MTUS require documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients on chronic opioid therapy. There is no documentation identifying measurable analgesic benefits with the use of opioids and there is no documentation of functional vocational benefit with ongoing use. The patient reports a 100% pain relief from the recent RFA. Thus, this request is not medically necessary.