

<b>Case Number:</b>	CM14-0030706		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Nevada. 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 42-year-old female who was reportedly injured on December 7, 2010. The mechanism of injury was stated to be pulling a reclining chair. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. Current medications include Norco and gabapentin. The physical examination demonstrated tenderness along the lumbar spine. There was decreased lumbar spine range of motion and a positive left sided straight leg raise test at 70. There was a normal lower extremity neurological examination. Previous treatment included epidural steroid injections and aquatic therapy. A request had been made for fentanyl patches and was not certified in the pre-authorization process on February 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25mcg/hr #10 Qty:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic: generic available Page(s): 93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Fentanyl, updated July 10, 2014.

**Decision rationale:** Fentanyl is an opioid analgesic with the potency of 80 times that of morphine. According to the Official Disability Guidelines, fentanyl patches are not recommended for use for musculoskeletal pain. According to the most recent progress note, dated May 13, 2014, the injured employee stated that she needed to use fentanyl patches to avoid taking too much narcotic medications. Fentanyl is a narcotic medication. Without specific objective pain relief documented from the use of fentanyl patches as well as documentation of improved ability to function, work, and ability to perform activities of daily living, this request for fentanyl patches is not medically necessary.