

<b>Case Number:</b>	CM14-0041105		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 04/08/2010. The injury reportedly occurred when she was assaulted by a student. Her diagnoses include lumbar degenerative disc disease, lumbar spinal stenosis and chronic pain. Her previous treatments were noted to include psychological treatment and multiple medications. On 02/10/2014, the injured worker presented with symptoms of depression and wide spread pain, rated 4 out of 10. Her pain was specified as intermittent sciatic neuralgia. It was noted that she reported improvement in stabilization in overall pain levels with psychological treatment and medications. Her physical examination was noted to reveal no acute neurologic abnormalities. Her medications were noted to include Fentanyl patches, Tramadol, cyclobenzaprine and Zoloft. Her treatment plan included continued psychological treatment and medication refills. A clear rationale for continuation of Fentanyl patches was not provided in the medical records. The Request For Authorization form for medication management and refills including Fentanyl patch 25 mcg every 72 hours was submitted on 03/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25mcg q72hrs:** 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), Opioids, Criteria for Use, On-going Management Page(s): 44, 78.

**Decision rationale:** According to the California MTUS Guidelines, Fentanyl is not recommended as first line therapy and is only supported in the management of chronic pain for patients who require continuous opioid analgesia for pain and that cannot be managed by other means. In regard to the ongoing use of opioid medications, the California MTUS Guidelines require detailed documentation of pain relief, functional status, adverse side effects and appropriate medication use. A urine drug screen was performed on 03/20/2014 and was noted to reveal findings consistent with the patient's prescribed medications. However, a detailed pain assessment was not provided in the medical records, showing a significant decrease in the patient's numeric pain scales with the use of Fentanyl for significant increases in her abilities to perform activities of daily living. In addition, the documentation did not show evidence that she had been initially unresponsive to first line medications or that she required continuous opioid analgesia for pain relief. Therefore, in the absence of further documentation regarding the patient's need for ongoing opioid analgesia, and due to the lack of detailed documentation required by the guidelines for the ongoing use of opioid medications, the request for Fentanyl patches 25 mcg q72hrs is not medically necessary and appropriate.