

<b>Case Number:</b>	CM14-0061047		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/07/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Texas. 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 50 year old female injured on 02/07/99 with an injury to the back, neck, and left shoulder requiring low back surgery with titanium implant in the lumbar spine. The mechanism of injury is unknown. The injured worker rated her pain at 9/10 with difficulties performing activities of daily living, head and neck pain, and inability to get through the day without prescription. Diagnoses include cervical and lumbar radiculitis, mild fasciitis, posttraumatic headache, normal gait, cervical and thoracic subluxation, pelvic subluxation, and left rotator cuff syndrome. The treatment plan included spinal adjustment, chiropractic treatment, and psychiatry consultation. The initial request for Fentanyl patch 100 micrograms was initially noncertified on 04/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 100mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal system (Duragesic) Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** The request failed to provide frequency, amount and number of refills limiting the ability to substantiate the medical necessity of the requested medication. Based on review of the records provided, the request for Fentanyl patch 100 micrograms is not supported as medically necessary.