

<b>Case Number:</b>	CM14-0067429		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & Rehabilitation 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 49-year-old female who sustained an injury on 03/20/09 when she tripped and fell. The injured worker was followed for multiple complaints including chronic low back bilateral knee hip and left hand pain. The injured worker had prior lumbar surgical procedure in 11/12. The injured worker was followed for ongoing complaints of chronic pain and medications as of 04/28/14 included mirtazapine morphine sulfate ER 30mg twice daily Cymbalta 60mg and Norco 10/325mg four times a day. As of 04/20/14 a fentanyl patch was recommended and morphine was discontinued due to a rash associated with morphine. The injured worker was recommended for prescription of four Fentanyl patches to trial for baseline pain control. The requested Fentanyl 25mcg/hour patch #4 was denied by utilization review on 05/07/14. patch was recommended and morphine was discontinued due to a rash associated with morphine. The injured worker was recommended for prescription of four fentanyl patches to trial for baseline pain control. The requested fentanyl 25mcg/hour patch #4 was denied by utilization review on 05/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg/hr patch QTY: 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83and 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Fentanyl 25mcg/hour patch #4 .The injured worker was utilizing Morphine Sulfate 30mg ER for baseline pain control. However the 04/24/14 clinical record noted ongoing rash associated with the use of Morphine. On 04/28/14 the rash was spreading and worsening. Given the side effect from Morphine it would be reasonable to switch the injured worker to a separate and different long acting narcotic medication. Fentanyl is recommended by guidelines as alternative long acting opioid analgesic for chronic pain. 25mcg/hour patch would have been reasonable trial to start the injured worker on and quantity was limited to four only. This was an appropriate trial for Fentanyl and this request is medically necessary and appropriate.