

<b>Case Number:</b>	CM14-0073846		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Family Medicine and is licensed to practice in California. 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 47-year-old female who has submitted a claim for post laminectomy syndrome and lumbar degenerative disc disease associated with an industrial injury date of 8/22/2004. Medical records from 1/15/2014 up to 4/15/2014 were reviewed showing complaints of low back pain with radiations down the right lower extremity. Pain is constant, 6/10 in severity, affects her daily activities, and results in inability to sleep. Physical examination revealed antalgic gait and marked tenderness over the midline lumbar spine and right hip. She has limited lumbar ROMs, muscle strength of 4/5 in left lower extremity, and muscle strength of 3/5 in right lower extremity. There was reduced sensation to light touch over the right lower extremity. Treatment to date has included Fentanyl patch (since April 15, 2014), oxycodone, Lidoderm patches, Xanax, physical therapy, and surgeries. Utilization review from 5/9/2014 denied the request for Fentanyl Patch 50mcg/hr #10. There is no documentation that continuous, around the clock opioid therapy is warranted or that the patient has developed opiate tolerance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 50mcg/hr #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic; Fentanyl (transdermal) Page(s): 44; 93.

**Decision rationale:** Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line of therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). In this case, the patient has been using Fentanyl patches since 4/2014. Patient complains of low back pain with radiations down the right lower extremity. Pain is constant, 6/10 in severity, affects her daily activities, and results in inability to sleep. However, there is no documentation that around the clock opioid therapy is necessary or that the patient has developed opiate tolerance. The patient is also currently using oxycodone and Lidoderm patches. The need for adjuvant therapy with Fentanyl patches was not discussed. Therefore the request for Fentanyl Patch 50mcg/hr #10 is not medically necessary.