

<b>Case Number:</b>	CM14-0075274		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 52 year-old male who was reportedly injured on 3/31/1998. The mechanism of injury is not listed. The most recent progress note dated 4/3/2014 indicates that there are ongoing complaints of chronic low back pain that radiates to the bilateral lower extremities. The physical examination demonstrated lumbar spine: Patient continues to have ongoing baseline pain and low back with increasing low back pain on the left; facet regeneration as well as radicular pain; left leg pain/numbness to toe; worse on standing/walking. He continues to walk/exercise at home with a cane. Limited active range of motion in the lumbar spine 2nd facet pain/spondylolisthesis at L5-S-1. No new neurological deficit. Diagnostic imaging studies include an electromyogram/nerve conduction study of the bilateral lower extremities dated 4/1/2014 which reveals mild-moderate left L4 sensory radiculopathy, moderate bilateral L5 sensory radiculopathy, and moderate bilateral S1 sensory radiculopathy. Previous treatment includes medications, and conservative treatment. A request was made for Fentanyl 50 patch, Fentora 200, and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/hr/patch 72 hr SIG Dispense 15 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 93 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.

**Fentora (fentanyl citrate) 200mcg/tablet, effervescent SIG: Dispense 28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA(U.S. Food and Drug Administration) Fentora.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 93 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.