

<b>Case Number:</b>	CM14-0080790		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational Medicine 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 47 year old male who was injured at work on 02/ 5/1999. In 01/2014, the injured worker developed left sided numbness from the left side of his chest to the left lower extremities. He was noted to have diffuse weakness of his left lower extremities, as well as left sided sensory loss from his chest down to his lower limb. Prior to this time, he had been on treatment with Ambien, Norco, Neurontin and prilosec. The injured worker was diagnosed of thoracic myelopathy , as a result of which he was treated surgically by placement of intrathecal pump. However he later developed granuloma, therefore, the catheter tip of the IT pump was removed on 03/2014; subsequently, he was started on weaning of the intrathecal medications with the view of completely removing the pump due to recurrent granuloma. He had been receiving MS and Dilaudid through the pump, but following the procedure of 03/2014 he was switched to Norco and oral Dilaudid. A 04/2014 report, stated the injured worker was reported to be on Fentanyl and Norco. At dispute Fentanyl Transdermal System 25mcg/hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Transdermal System 25mcg/hour:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Weaning of Medications Page(s): 124.

**Decision rationale:** Although the introduction of the long acting opiate is justified by the fact that the injured worker is being weaned of opioids and long acting opiates are used for faster weaning, the MTUS recommends against the use of Transdermal fentanyl in this instance. The Records reviewed did not reveal the reason he is being weaned off opiates is tolerance to opioids, which is when transdermal fentanyl is indicated. The MTUS recommends Fentanyl transdermal only in patients who are currently on opioid therapy for which tolerance has developed. Consequently, since there are other long acting opioids that could be used in place of the Fentanyl patch, and this drug is not medically necessary.