

<b>Case Number:</b>	CM14-0093909		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 68 year old female who was injured on 02/17/2000 when she fell on buttocks exacerbating her previous injuries. Prior medication history included Fentanyl 50 mcg, hydrocodone-acetaminophen 10-325 mg, Soma 350 mg, Ativan, and Lunesta. Office note 05/14/2014 documented the patient to have complaints of pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, right buttock, thoracic spine, left hip, left hand, left knee bilateral low back, left ankle/foot and groin. She reported her pain is severe and sharp and is made worse with activity. She rated her pain as a 6/10 and without medications can increase to 8/10. On exam, she has decreased range of motion of her torso. No other findings were no documented. The patient is diagnosed with lumbosacral spondylosis, displacement of lumbar intervertebral disc without myelopathy; pain in joint, and cervicalgia. The patient was recommended to continue with Fentanyl patch 50 mcg. On note dated 02/19/2014, the patient's symptoms were unchanged and the patient was utilizing Fentanyl patch as this time as well. Prior utilization review dated 06/12/2014 states the request for Fentanyl Patch 50mcg/hr Qty. 10 is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 50mcg/hr Qty. 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines. Fentanyl transdermal is indicated for management of persistent chronic pain , which is moderate to severe requiring continuous, around the clock opioid therapy. The pain cannot be managed by other means. In this case there is not detailed AP report indicating the need for use of opiate pain medication. Prolonged use of Fentanyl is not indicated. Sooner or later, the use of this medication will risk of abuse and misuse as well as significant adverse effect. Therefore the medical necessity for Fentanyl Patch 50 mcg/hr Qty. 10 has not been established based on guidelines and lack of documentation. The request is non-certified.