

<b>Case Number:</b>	CM14-0190004		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/14/2000
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of March 14, 2000. A utilization review determination dated October 17, 2014 recommends non-certification of Fentanyl patch 25 hour #10. A progress note dated October 9, 2014 identifies subjective complaints of functional pain control with current medication regimen, and low back pain with radiating pain to lower extremities. The patient describes her pain as dull, aching, throbbing, stabbing, pressure, electrical shooting, burning, cramping, weakness, and spasm. The patient rates her pain level as a 8/10 on a good day and a 9/10 on a bad day. The patient states her pain is constant and is aggravated by the cold, activity, sitting, standing, and walking. The pain is alleviated with heat, rest, lying down, quiet, medication, and massage. The physical examination reveals an antalgic gait and a lumbar midline scar is present. The diagnoses include trigger right thumb, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint dysfunction, lumbar degenerative disc disease, and lumbar spondylosis. The treatment plan recommends refill of Fentanyl 25 /hour and oxycodone 10 mg, the patient was explained verbally the benefits, possible side effects of the medications in the patient agreed to be compliant in the usage of the medication. It is documented that a CURES report was reviewed and the patient is complaint, also a urine toxicology screen demonstrated compliance with medication regimen. The patient was advised to continue with conservative treatment to include home exercise program, moist heat, and stretches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25 mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Fentanyl Patch 25mcg #10, California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there is no mention of failure of first-line opiate therapy. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Fentanyl Patch 25mcg #10 is not medically necessary.