

<b>Case Number:</b>	CM14-0192287		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	11/26/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 New Jersey and New York. 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 29 year-old male who was injured on 11/26/11. He complains of lower back pain with radiation to lower extremities. On exam he had decreased range of motion, spasms, guarding, normal motor strength and sensation and symmetrical deep tendon reflexes. A lumbar MRI showed narrowing of the central canal at L2-3 and small protrusions from L2-S1. He was diagnosed with lumbar spine stenosis, displacement of lumbar intervertebral disc without myelopathy and degeneration of the lumbosacral intervertebral disc. The patient also suffered from depression and anxiety. He had lumbar epidural injection in 2012 and lumbar discectomy at L2-3 on 4/24/13 but had persistent pain. He completed 12 sessions of postoperative physical therapy without relief. He completed a functional rehabilitation program but continued with pain and reduced function. In 7/2014, he had his fentanyl patch increased from 25mcg/hr but this did not relieve his pain at all and did not request a refill. Lyrica and Nabumetone also did not relieve his pain. He utilizes Icy- hot patches and a TENS unit which helps relieve some pain. He restarted Norco which helped with pain but made him dizzy initially. With Norco, he was able to continue his home exercise program that he learned at the functional restoration program and go to school. He declined a spinal cord stimulator. The current request is for Fentanyl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fentanyl patch 25 mcg/hr #5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Fentanyl, opioids Page(s): 44, 47, 78-79.

**Decision rationale:** The request is considered not medically necessary. According to MTUS, Fentanyl is a strong opioid, eighty times more potent than morphine. The transdermal patch of Fentanyl is not first-line therapy and is FDA-approved for the management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by other means. In 7/2014, he had his Fentanyl patch increased from 25mcg/hr but this did not relieve his pain at all and he did not request a refill. The 4 A's of monitoring opioids were not met with objective evidence of improvement in pain and improvement in function. He was switched to Norco which helped relieve pain. It is unclear why Fentanyl is being requested again when he had no relief with it initially. Therefore, the request is considered not medically necessary.