

<b>Case Number:</b>	CM14-0197062		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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 case involves a 54 year old female injured worker who sustained an industrial injury on 6/5/1991 due to cumulative trauma to the lumbar spine. The past treatments included physical therapy, multiple surgeries to the lumbar spine shoulder, and left knee, lumbar epidural steroid injections, functional restoration program and detoxification program from opioid medications. The current diagnoses included opioid dependence, psychalgia and lumbar post lumbar laminectomy syndrome with radiculopathy along with motor decrease in the left lower extremity more than right. The injured worker described her pain in her lower back, which is constant and daily, with varying levels of intensity. She stated that the pain moves to the left side, sacrum and hip. Additionally there is radiating pain from the low back to the left groin and buttock accompanying with tingling in her feet. The current treatments included medications including Suboxone oral film. An earlier UR decision recommended weaning off Suboxone by switching to a generic oral preparation in order to more easily wean down and reduce cost. The physician's progress note of 10/6/2014 described the injured worker's history of intolerances to oral opioid medications and subsequently prescribed Fentanyl patches. The UR decision of 11/17/2014 denied the request stating to go back to a highly potent opioid such as Fentanyl was not supported by the previous detoxification program. Also, it was mentioned that opioid medications were not indicated for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL DIS 25MCG/HR Q3DAYS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

**Decision rationale:** The requested Fentanyl DIS 25mcg/hr Q3days, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, on pages 78-80, and Opioids for Chronic Pain, on pages 80-82 recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with left lower extremity radiation. The treating physician has not documented the medical necessity for this opiate for the injured worker who is treated with Suboxone. The criteria noted above not having been met, this request is not medically necessary.