

<b>Case Number:</b>	CM15-0001402		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/04/1997
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported an injury on 09/04/1997. The mechanism of injury was not specifically stated. The current diagnosis is CRPS type 2 in the lower extremity. The injured worker presented on 01/07/2015 with complaints of left foot pain rated 7/10. The current medication regimen includes clonazepam, Seroquel, Fentanyl patch, Depakote ER, OxyContin, Nucynta ER, and Norco. Upon examination there was a limping gait. The injured worker has been previously treated with lumbar sympathetic blocks in 02/2014 and 07/2014 with 70% pain relief. Treatment recommendations included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/hr Transdermal Patch 1 patch every 72 hrs prn for 30 days #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

**Decision rationale:** The California MTUS Guidelines state Fentanyl transdermal system is not recommended as a first line therapy. It is indicated in the management of chronic pain and patients who require continuous opioid analgesia for pain that cannot be managed by other means. Opioids should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. According to the documentation provided, the injured worker has continuously utilized Fentanyl transdermal system since at least 04/2014. Despite the ongoing use of the current medication, the injured worker continues to report high levels of pain. There is no documentation of objective functional improvement. As such the request is not medically appropriate at this time.