

<b>Case Number:</b>	CM15-0102638		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/01/1999
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Hawaii  
 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:

This 61 year old male sustained an industrial injury to the low back on 11/17/05. Previous treatment included magnetic resonance imaging, chiropractic therapy, physical therapy, epidural steroid injections and medications. The injured worker underwent bilateral L4-5 epidural steroid injections on 12/18/14 with 80% improvement for four months. In a PR-2 dated 4/30/15, the injured worker reported that his low back pain and lower extremity pain had increased over the last six weeks. The injured worker felt that recent epidural steroid injection had worn off. The injured worker reported having difficulty with ambulation. The injured worker also complained of pain over the cervical spine with headaches. The injured worker rated his pain 7/10 on the visual analog scale with medications and 10/10 without. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with lumbar muscle spasms, decreased range of motion, 4/5 strength to bilateral lower extremities and decreased sensation in the bilateral L5-S1 distribution. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain with multilevel disc protrusions and impingement of the nerve roots, bilateral lower extremity radicular symptoms and right knee degenerative arthritis. The physician noted that historically, the injured worker had received an increase in dosage of pain medications when awaiting epidural steroid injections. The injured worker's medications were subsequently reduced following the intervention. The treatment plan included increasing Fentanyl to 50mcg/hr, increasing Neurontin due to increased lower extremity neuropathic pain and requesting authorization for repeat bilateral lumbar epidural steroid injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/hr quantity 15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Fentanyl 50mcg/hr qty: 15. The treating physician states in the report dated 5/18/15, "The patient was having significant pain. Therefore, a temporary increase in the medication was initiated. The patient received an increase dose of Fentanyl for 25 to 50 due to the increase in neuropathic pain." (3C) The MTUS guidelines state, "Fentanyl is an opioid analgesic with a potency eighty times that of morphine." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician documents that the patient does receive a reduction in pain with Fentanyl, increases ADLs, and has not had any side effects or aberrant behaviors while using this medication. The current request is medically necessary.