

<b>Case Number:</b>	CM15-0130243		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/29/2003
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 sustained an industrial injury on 8/29/2003. She reported falling down a flight of stairs resulting in diagnoses of a left ankle sprain and lumbar sprain. Diagnoses include Chronic Regional Pain Syndrome (CRPS) of left foot with Achilles contracture, chronic lumbar sprain, ankyloses of left ankle. Treatments to date include activity modification, casting, physical therapy, radiofrequency ablation, and medication therapy. Currently, she complained of ongoing chronic pain in left foot. Pain was rated 5-6/10 VAS. Pain was rated 3/10 VAS with medication and greater than 10/10 VAS without medications. She was noted to begin working part time. On 5/20/15, the physical examination documented no new acute clinical findings. The plan of care included Fentanyl Patches 100mcg #10 between 5/20/15 and 8/4/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Fentanyl patches 100mcg #10: Upheld**

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

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

**Decision rationale:** The requested 1 prescription of Fentanyl patches 100mcg #10, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, 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 chronic pain in left foot. Pain was rated 5-6/10 VAS. Pain was rated 3/10 VAS with medication and greater than 10/10 VAS without medications. She was noted to begin working part time. On 5/20/15, the physical examination documented no new acute clinical findings. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Fentanyl patches 100mcg #10 is not medically necessary.