

<b>Case Number:</b>	CM15-0132720		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 (IW) is a 58 year old female who sustained an industrial injury on 03/21/2003. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having long term (current) use of other medications, Pain in joint, lower leg, Osteoarthritis, localized, primary, lower leg Enthesopathy of the knee, unspecified. Treatment to date has included medications and medication management. She also has durable medical equipment in the form of a cane and a hospital bed. Currently, the injured worker complains of pain that is a 6 on a scale of 0-10, and at times an 8 on a scale of 0-10 even with medication. Her last physical therapy was two years ago, and she was reported to feel worse afterward. She does not exercise. She complains of insomnia, and Temazepam is losing its effect. She has delay in falling asleep and difficulty staying asleep. She uses a hospital bed at home which she feels is helpful. Ambien and Lunesta were ineffective. Her urine drug screen was consistent with the prescribed medications. On exam, she is very uncomfortable from sitting and waiting. Her gait is slow with a single point gait and her posture is flexed. Lumbar range of motion is diminished in all planes with pain. The plan of care is for continuation of long term opiate pain management and continuation of her other medications with follow-up in two months. A request for authorization was made for the following: Fentanyl patches 25mcg x 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 25mcg x 10:** 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, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Fentanyl patch 25mcg x 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 pain that is a 6 on a scale of 0-10, and at times an 8 on a scale of 0-10 even with medication. 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, Fentanyl patch 25mcg x 10 is not medically necessary.