

<b>Case Number:</b>	CM15-0137224		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/01/1999
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 injured worker is a 61 year old male who reported an industrial injury on 10/1/99. His diagnoses, and or impression, were noted to include: cervical spine sprain/strain with possible stenosis and upper extremity radiculopathy; lumbar sprain/strain with multi-level disc protrusion with bilateral lumbar impingement of nerve roots; bilateral lower extremity radicular symptoms; and right knee degenerative arthritis. No current imaging studies are noted. His treatments were noted to include multiple agreed medical examinations with reports; effective lumbosacral epidural steroid injections (12/18/14); Supartz injections to the right knee (1/5/15); medication management with failed trials of Morphine, Oxycontin, Norco and Lyrica; and modified work duties. The progress notes of 1/13/2015 reported side-effects of swelling in his feet and tremors in his hands from Gabapentin, resulting in weaning off of this medications; improvement in his low back pain, with continued radicular symptoms in the lower extremities, following the lumbar epidural steroid injection; and continued cervical spine pain with upper extremity symptoms, and right knee pain. Objective findings were noted to include no acute distress; an antalgic gait with use of cane; tenderness over the bilateral Cervico-thoracic para-spinous muscles and decreased range-of-motion; a slight decrease in grip strength; hypoesthesia in the bilateral the cervical-7 dermatome; mild tenderness in the lumbosacral para-spinous muscles; decreased strength in the bilateral lower extremities; decreased sensation in the bilateral lumbar-5 dermatome; and decreased bilateral patellar and Achilles reflexes. The physician's requests for treatments were noted to include the continuation Fentanyl Patches at 25 mcg every 48 hours, for baseline pain; this was noted to be a reduced dose.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg, #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**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 25 mcg, #15. The treating physician states in the report dated 6/23/15, "The patient continues with Fentanyl for baseline pain control." (360B) 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 has documented that the patient rates their pain as a 10/10 without medications and a 4/10 with medications, is able to perform physical ADLs, has not had any side effects, and has not showed any aberrant behaviors. The current request is medically necessary.