

<b>Case Number:</b>	CM15-0137227		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	09/23/2015	<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: New York, Tennessee

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 45 year old female, who sustained an industrial injury on December 8, 2011. She reported neck pain and right shoulder pain. The injured worker was diagnosed as having herniated nucleus pulposus of the cervical spine, right carpal tunnel syndrome, right shoulder impingement syndrome, rule out rotator cuff tear, brachial neuritis or radiculitis, cervical disc degeneration, cervical disc displacement without myelopathy and chronic pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, and acupuncture, Kenalog injection to the right shoulder, medications and work restrictions. Currently, the injured worker complains of neck pain and right shoulder pain radiating to the right eye and low back with associated sleep disruptions and the inability to open the right eye during pain episodes. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 19, 2015, revealed continued pain as noted. She rated her pain at 6 on a 1- 10 scale with 10 being the worst. It was noted she had no evidence of developing medication dependency. She noted the current medications were not controlling her pain. She noted her sleep quality remained poor. Magnetic resonance imaging (MRI) of the cervical spine from September 16, 2014, revealed significant findings including disc herniation, spinal stenosis and degenerative joint disease. It was noted conservative care has not helped significantly and a lumbar MRI was recommended. Evaluation on January 29, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1-10 scale with 10 being the worst. The range of motion in the cervical and lumbar spine was noted as decreased. She remained temporarily totally disabled.

Evaluation on May 26, 2015, revealed continued pain as noted rated at a 6 on a 1-10 scale with 10 being the worst. She reported not currently taking any oral medications secondary to elevated liver tests. She noted topical creams, ice, exercise and Terocin patches were helping but were not adequate. Sleep quality remained poor. Evaluation on June 24, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. The physician noted she had also been prescribed Butrans to trial and informed the pharmacy to hold off filling the Fentanyl patches. One prescription for Fentanyl 25mcg/hr patch #10 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription for Fentanyl 25mcg/hr patch #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 44, 47, 76-79.

**Decision rationale:** Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means. Transdermal should only be used in patients who are currently on opioid therapy for which tolerance has developed. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case after the patient was prescribed fentanyl patch, the prescribing physician decided that butrans was more appropriate alternative medication for the patient. The patient was instructed to destroy the fentanyl prescription. The request should not be medically necessary.