

<b>Case Number:</b>	CM15-0146671		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 1-19-11 Initial complaints were not reviewed. The injured worker was diagnosed as having postlaminectomy syndrome cervical region; ulnar nerve lesion-bilateral ulnar neuritis (cubital tunnel syndrome); depression; generalized anxiety disorder. Treatment to date has included status post ACDF C5-C7 fusion (8-12-11); physical therapy; medications. Currently, the PR-2 notes dated 5-18-15 indicated the injured worker come to the office on this date as a follow-up of neck pain and bilateral extremity pain. She complains of continued neck pain with radiation into the bilateral upper extremities, made worse with repetitive activities or overhead reaching. It is made better with rest and medication. She continues to work full-time and able to do so with the fentanyl patch which provides her with 80-90% pain relief. She presents with no apparent behavior changes and experiences no side-effects. The provider documents the injured worker reports she has arthritis and a history of chronic musculoskeletal pain. She reports depression and a history of headaches. She has a history of meningitis, psychiatric disease and sleep disturbances. She is a status post anterior cervical discectomy and fusion (ACDF) C5 through C7 on 8-12-11. She continues to defer further surgical intervention or injections at this time. The provider lists her current medications as Fentanyl 75mcg-hour Patch, Prozac 40mg Pulvule and Valium. The provider is requesting authorization of Fentanyl 75mcg-hr patch #15, date of service 06/22/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75 mcg/hr patch #15, date of service 06/22/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System), Opioids Page(s): 44, 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Fentanyl for over 8 months. Prior weaning attempt had not provided adequate pain relief. The claimant is deferring further surgery. The Fentanyl is providing relief and deferring invasive options. The continued use of Fentanyl is appropriate and therefore is not medically necessary.