

<b>Case Number:</b>	CM15-0146844		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/26/1997
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 62 year old female, who sustained an industrial injury on May 26, 1997. The injured worker reported slipping on gravel and falling into a hole with her right foot causing a severe sprain and tear of the right ankle joint. The injured worker was diagnosed as having chronic pain syndrome, reflexive sympathetic dystrophy of the right lower extremity, bilateral knee pain to the joint, lumbosacral spine spondylosis without myelopathy, and adjustment disorder with mixed anxiety and depressed mood. Treatment and diagnostic studies to date has included bilateral lumbar five to sacral one transforaminal epidural steroid injection, medication regimen, use of a wheelchair, status post multiple surgeries to the right ankle, multiple trigger point injections, status post arthroscopic bilateral knee surgery, status post lumbar sympathetic blocks, use of a brace to the left knee, and use of a brace to the right ankle. In a progress note dated July 06, 2015 the treating physician reports complaints of pain to the bilateral knees, bilateral ankles, and bilateral hips. Examination reveals a decreased range of motion with pain, wheelchair bound, piriformis tenderness, and bilateral decreased sensation to the lumbar four through sacral one. The injured worker's medication regimen included Hydrocodone with Acetaminophen, Fentanyl Patch, Elavil, and Buspar. The injured worker's pain level was rated an 8 out of 10 at its worst, a 2 out of 10 at its least, and averages a 4 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the injured worker's medication regimen assists with decreasing the pain by 60% with

no change in the injured worker's level of function. The treating physician requested Fentanyl Patch at 50mcg an hour with a quantity of 10 with 1 refill noting current use of this medication. The treating physician also requested one serum toxicology screen noting difficulty in obtaining urine sample.

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

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

**Fentanyl patch 50mcg/hr #10, with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Duragesic or Fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Continued use of Fentanyl patch is not appropriate. The pain control documented is poor with limited objective improvement in pain and no improvement in function as defined by MTUS guidelines. As per FDA labeling due to high dosage of the medication in each patch and risks of overdose and side effects, Fentanyl use requires close monitoring and proper documentation of opioid tolerance. A refill does not meet close monitoring criteria. The current prescription and dosage of Fentanyl patch as prescribe is not appropriate and is therefore not medically necessary.

**One serum toxicology screen: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Urine drug testing (UDT).

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines only have general guidelines concerning use of urine drug screening. Official Disability Guidelines were reviewed concerning serum toxicology screening. As per ODG, urine drug testing is recommended. Serum drug testing has poor sensitivity due to metabolism of various drugs that is being tested. The rationale for the requested test is not justified. If there is difficulty collecting urine sample, then the provider needs to manage some other strategy to collect sample needed including catheterization if needed. Serum toxicology screen is not medically necessary.