

<b>Case Number:</b>	CM15-0205152		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/18/2003
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 70 year old male, who sustained an industrial injury on 04-18-2003. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, depressive disorder, post-laminectomy syndrome of the lumbar spine, lumbosacral disc degeneration and lumbosacral neuritis. Subjective complaints (06-03-2015, 07-08-2015 and 09-15-2015) included left leg and lumbar pain. The injured worker was noted to get 55-60% benefit with use of Fentanyl patches with range of motion and mobility without taking too many oral pain medications and that with Norco he received about 4-5 hours of pain relief. Fentanyl was noted to help improved mobility and allow him to function throughout the day, complete activities of daily living and drive to and from appointments and without medication the injured worker reported that he was bed-ridden. Pain without medication was noted to be 8-9 out of 10 and pain was noted to drop to 3-5 out of 10 with the use of pain medications. Objective findings (06-03-2015, 07-08-2015 and 09-15-2015) included tenderness to palpation of the lumbar facets, bilateral thoracolumbar spasm, bilateral lumbosacral region and left sacroiliac joint, positive straight leg raise bilaterally at 45 degrees, an antalgic gait, decreased range of motion of the lumbar spine and decreased motor strength bilaterally, left greater than right. Treatment has included Fentanyl patches (since at least 02-04-2015), Dilaudid (since at least 02-04-2015), Lidoderm patches, Cymbalta, Celebrex, Aspirin, application of heat and ice, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy, spinal cord stimulator implantation, facet joint injection, epidural steroid injection and surgery. A utilization review dated 09-24-

2015 non-certified requests for 15 patches of Fentanyl 25 mcg per hour and 120 tablets for Dilaudid 2 mg.

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

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

#### **15 Patches of Fentanyl 25mcg/hr: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a 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 Oxycodone without relief. Norco and Fentanyl provided combined up to 60% relief. There was no mention of failure of other long-acting oral opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Tricyclic failure was also not noted. Continued use of Fentanyl is not medically necessary.

#### **120 tablets of Dilaudid 2mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** According to the guidelines, Dilaudid is indicated for chronic pain via intrathecal pump. Is not routinely indicated for oral use for mechanical pain. The claimant was on Dilaudid along with Fentanyl and Norco for months. Most of the progress notes discuss the benefit of Norco along with Fentanyl. Contribution of pain relief from Dilaudid is not provided. Failure of other long-acting opioids was not mentioned. Failure of tricyclics was not noted. Continued use of Dilaudid is not medically necessary.