

<b>Case Number:</b>	CM15-0205832		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old male, who sustained an industrial-work injury on 5-26-09. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis, thoracic-lumbar radiculitis-neuritis, lumbar Herniated Nucleus Pulposus (HNP) and lumbosacral spondylosis. Medical records dated 9-24-15 indicate that the injured worker complains of headaches, backache and neck pain rated 5-9 out of 10 on the pain scale which has been unchanged. The neck pain radiates down the shoulders and both arms to hands and the back pain radiates to the legs. The physician indicates that without medications he would be chair-bedbound and with the medications reduce pain and improve function such as ability to exercise, perform activities of daily living (ADL) and socialize a little and participate in family events. The physical exam dated 9-24-15 reveals no significant findings related to the lumbar spine. Treatment to date has included pain medication, Oxycodone, Linzess, Zanaflex, Fentanyl patch since at least 1-7-15, diagnostics, activity modifications and other modalities. The treating physician indicates that the injured worker denies any diversion of medications or aberrant drug taking behaviors. The request for authorization date was 9-26-15 and requested service included Fentanyl 5 mcg #15. The original Utilization review dated 10-2-15 non-certified the request for Fentanyl 5 mcg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 5 mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** Per CA MTUS Chronic Pain Guidelines, Fentanyl: "Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet)." Per the CA MTUS section on opioids, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration." Fentanyl is a long-acting opioid. Duragesic (fentanyl transdermal system) not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means See Fentanyl. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC (pain section/opioids for chronic pain) comments specifically on criteria for the use of drug screening for ongoing opioid treatment. "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose- dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/24/15. Therefore the determination is not medically necessary.