

<b>Case Number:</b>	CM15-0206815		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/19/2000
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/05/2015
<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: North Carolina  
 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 49 year old female, who sustained an industrial injury on 9-29-94. The injured worker was being treated for chronic pain syndrome, degeneration of lumbar intervertebral disc and work related accident. On 8-31-15 and 9-28-15, the injured worker complains of low back pain radiating to the right lower extremity which is intermittent and associated with numbness and tingling. Pain level is noted to be 1 out of 10 with medications and 9 out of 10 without medications. She notes she is going to Australia on vacation and is nervous about the long flight. Work status is working full time. Physical exam performed on 8- 31-15 revealed tenderness to palpation of bilateral paracervical and painful cervical range of motion and tenderness to palpation of L5 bilaterally. Treatment to date has included oral medications including Hydromorphone 8mg and Celexa; topical Fentanyl and Duragesic patches; and activity modifications. The treatment plan dated 9-28-15 requested Valium #5 for long flight as pain and anxiety are worsened on flights. On 10-20-15 request for Valium #5 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75 MCG/HR #10:** Overturned

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

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time. There are objective measurements of improvement in function or activity specifically due to the medication as the patient is working full time. Therefore, all criteria for the ongoing use of opioids have been met and the request is medically necessary.