

<b>Case Number:</b>	CM15-0214108		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/24/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 10-24-02. Medical records indicate that the injured worker is undergoing treatment for chronic pain, lumbar post-laminectomy syndrome, complication of implanted device, failed repair of rotator cuff, chronic pain syndrome, chronic low back pain and sacroiliitis. The injured worker is currently not working. On (9-16-15) the injured worker complained of increased neck pain, lower back pain and left shoulder pain. The injured worker also noted left hip pain and left lower extremity pain to the toes. The injured worker noted that her intrathecal pump was not controlling the pain. The pain was described as constant with flare-ups. The low back pain radiated down into the posterior thighs bilaterally. The pain was rated 8 out of 10 on the visual analog scale. The pain was noted to be limiting the injured workers daily activities. Documented treatment and evaluation to date has included medications, intrathecal pump implantation (2014) and left rotator cuff repair. Current medications include Fentanyl 25mcg-hour transdermal patches, (since at least August of 2015), Zofran, Hydrocodone-acetaminophen, Hydromorphone, Motrin, Amitiza, Robaxin, Clonazepam, Prozac, Metoprolol, Mirtazapine, Pravastatin, Estropipate, Levothyroxine, Trazodone, Cogentin and Norco. The current treatment request is for Fentanyl 25mcg-hour transdermal patches #5 (original request #10). The Utilization Review documentation dated 10-8-15 modified the request for Fentanyl 25mcg-hour transdermal patches #5 (original request #10).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg/hr transdermal patch #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

**Decision rationale:** Review indicates the request for Fentanyl was modified for #5. The patient has continued pain level of 8/10 with high rating risk for aberrant behavior with report of side effects of nausea, dizziness, and weakness. Fentanyl is an ultra-potent opioid, specifically cited as not recommended noting no research-based pharmacological or clinical reason to prescribe for trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of recent random drug testing to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2002 injury. The Fentanyl 25mcg/hr transdermal patch #10 is not medically necessary and appropriate.