

<b>Case Number:</b>	CM15-0046679		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/30/1997
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old female who sustained a work related injury June 30, 1997. Past history included s/p anterior posterior fusion at L4-L5. According to a physician's medical progress report, dated February 3, 2015, the injured worker presented for follow-up with complaints of continued constant burning low back pain with radiation down the left buttocks, lateral left leg, and to the bottom and top of the left foot. She feels a burning in her heels and occasionally has radicular pain down the right leg with numbness to the toes and bottom of her right foot. She also complains of worsening intermittent neck and upper back pain. The neck pain radiates down both shoulders with occasional weakness in the upper extremities diffusely, right hand numbness and headaches. Diagnoses is documented as chronic low back pain; lumbar laminectomy and fusion, with removal of hardware; lumbar radiculopathy; chronic intermittent neck pain; cervicogenic, post traumatic migraines-tension headaches; depression, anxiety and bipolar disorder. Treatment plan included refill Fentanyl patch, Zanaflex, and Topamax, prescribe Dilaudid, authorization for bloodwork, and follow-up for management of psychiatric medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Fentanyl 100mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Duragesic (fentanyl transdermal system) Page(s): 44 Opioids, page 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list.

**Decision rationale:** CA MTUS states and ODG agrees: 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. 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. ODG does not recommend the use of opioids except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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 treating physician is requesting a refill of the Fentanyl patch while the patient is currently on muscle relaxants and other opioids. The patient has been on opioids well outside of guidelines. In addition the treating physician does not fully detail pain relief. As such, the request for Prescription of Fentanyl 100mcg #15 is not medically necessary.