

<b>Case Number:</b>	CM15-0051217		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 37 year old male, who sustained an industrial injury on 5/4/04. The injured worker has complaints of low back pain radiating to the left hip and left leg. He described the pain as heaviness with intermittent burning pain and when he is tired he notices he has to drag his left foot due to weakness. The diagnoses have included status post laminectomy; status post disc replacement; status post L5-S1 posterior lateral fusion with segmental fixation; lumbar facetal pain and clinically consistent lumbar radicular pain. Treatment to date has included laminectomy; disc replacement in 2007; Magnetic Resonance Imaging (MRI) of the lumbar spine on 9/7/06; Magnetic Resonance Imaging (MRI) of the lumbar spine on 2/24/06; Computed Tomography (CT) lumbar spine on 12/19/12; Computed Tomography (CT) lumbar spine on 8/1/12; Magnetic Resonance Imaging (MRI) of the thoracic spine 10/7/14; Magnetic Resonance Imaging (MRI) on the lumbar spine 4/16/10; lumbar epidural steroid injections ; electromyogram/nerve conduction studies on 11/15/13 and medications. The requested treatment is for Fentanyl patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25mcg quantity 5 with three refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with 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, Oxycontin and Morphine at any one time in the past 3 years other long and short acting opioids. The claimant had been on the medications for months. No one opioid is superior to another and there is no indication that the pain has been persistent on all opioids. . Continued use of Fentanyl in place of other long and short-acting opioids with 5 additional refills (future response to medication cannot be predicted) is not medically necessary.