

<b>Case Number:</b>	CM15-0054104		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/25/1978
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Hawaii

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 70 year old male, who sustained an industrial injury on 05/25/1978. Initial complaints/symptoms reported included neck and shoulder pain after falling from a fence. The initial diagnoses were not found in the medical records submitted. It was also noted that the injured worker has suffered numerous injuries during his career as a deputy sheriff including injuries to the knees and lower back (1973), and neck and back (1973-1976). Treatment to date has included conservative care, medications, electrodiagnostic testing, MRIs, x-rays, CT scans carotid ultrasound, multiple types of injections, conservative therapies, a lumbar laminectomy (2005), mass removal from L5 (2006), and spinal cord stimulator placement (2001) with excision (2007). Currently, the injured worker complains of increased (flare-up) pain in the cervical spine, left arm and left hand, and decreased pain in the left leg and foot. The injured worker continued to report a 95% benefit from the Duragesic patches and Nucynta. Diagnoses include depressive disorder, post laminectomy syndrome, lumbar/lumbosacral disc degeneration, cervical disc degeneration, occipital neuralgia, headaches, derangement of the lateral meniscus, and cervical radiculitis. The treatment plan consisted of continuation of current medications (including Fentanyl patches), completion of opioid contract, discontinuation of Zoloft, repeat cervical epidural steroid injections, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 25mcg/hr #15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain in the left arm and hand, right buttock and right leg, left leg and left foot, and cervical spine and lumbar spine. The current request is for Fentanyl patch 25 mcg/hr #15. The treating physician states that the patient reports a 95 percent benefit with the combination of a Duragesic patch and Nucynta for the pain. The patient states the medications decrease his pain and increase his ability to function. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided sufficient documentation as to the patient's pain benefit or functional benefit from Fentanyl patch. The patient subjectively reports a 95% benefit. He has a pain contract and was warned about aberrant behavior. Constipation has been reported as a side effect. Functionally, the Injured Worker is able to complete all ADLs only when he takes his medication. Medical necessity has been barely established via the 4 A's and the recommendation is medically necessary.