

<b>Case Number:</b>	CM15-0057005		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/24/1991
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 76 year old male, who sustained an industrial injury on 12/24/91. He reported pain in the neck, hips, and lower back. The injured worker was diagnosed as having chronic lumbar laminectomy pain syndrome, chronic neck pain, and chronic pain syndrome. Treatment to date has included implantation and removal of a spinal cord stimulator, lumbar laminectomy, and medication. An x-ray of the lumbar spine performed on 7/18/14 revealed spondylosis and facet arthropathy. Intervertebral disc cage was noted at L5-S1. Currently, the injured worker complains of pain in the neck, hips, and lower back. The treating physician requested authorization for Fentanyl 100mg #15 and Hydromorphone 6mg #90. The treatment plan included an appointment with a surgeon for possible back surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Fentanyl 100mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl.

**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 a 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 Hydromorphone and Oxycontin & other opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. In addition, the combined use of all opioids exceed the 120 mg of morphine equivalent recommended per day. Continued use of Fentanyl is not medically necessary.

**1 prescription for Hydromorphone 6mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Hydromorphone (Dilaudid); Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** In this case, the claimant had been on Fentanyl and Oxycontin & other opioid with the Hydromorphone. Opioids are not 1st line for mechanical or compressive etiologies. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. In addition, the combined use of all opioids exceed the 120 mg of morphine equivalent recommended per day. There was mention of weaning Oxycontin to reduce total opioids but a weaning protocol and plan was not provided. Continued use of Hydromorphone is not medically necessary.