

<b>Case Number:</b>	CM15-0085693		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/22/1971
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male with an industrial injury dated 4/22/1971. The injury is documented as being struck by a car resulting in an emergent amputation of the right leg and a cervical 2 fracture. He has multiple diagnoses which include traumatic amputation above the right knee, complex regional pain syndrome, lumbar degenerative disc disease and lumbar stenosis, neurogenic claudication, chronic lower back pain and lumbar spondylosis, history of cervical 2 fracture. The injured worker also has medical diagnosis of congestive heart failure, hepatitis B and C due to transfusion and coronary artery disease. Prior treatment included medications, lumbar epidural steroid injection, home health and rehab. The injured worker had progressive worsening of his function with inability to transfer and was at risk of injury. He was admitted for rehabilitation. He received physical therapy, occupational therapy and medical treatment for left lower extremity cellulitis. On 04/01/2015 he presented with increasing buttock pain when sitting on hard surfaces. He was also complaining of soreness. He continued on medications for pain and muscle relaxants. Treatment plan included pain patch and pain management follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg/hour patch every 72 hours QTY: 10: 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 Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury with traumatic right lower extremity amputation and multiple complications. He continues to be treated for right lower extremity pain. When seen, he was having increasing buttock pain. He had not been able to wear his prosthesis for more than 20 years. He was in a power wheelchair and had multiple ulcers. Medications included OxyContin, Dilaudid, and Fentanyl at a total MED (morphine equivalent dose) in excess of 360 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no features of this case that would support dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.