

<b>Case Number:</b>	CM14-0110969		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 50 year old female was reportedly injured on 6/3/2009. The mechanism of injury is undisclosed. The most recent progress note, dated 5/16/2014, indicated that there were ongoing complaints of neck, left shoulder, bilateral wrist, right elbow and low back pains. Physical examination demonstrated lumbar spasming and guarding, limited lumbar spine range motion: extension 0 degrees, flexion 30 degrees, lateral bending 10 degrees left and 0 degrees right, tenderness and increased muscle tone of the trapezius muscles, an antalgic gait with assistance of a cane. An electrodiagnostic study of the upper extremities, dated 5/23/2011, showed evidence of mild bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy. No recent diagnostic imaging studies available for review. Previous treatment included bilateral carpal tunnel releases and right elbow surgery in 2011, HWT, trigger point injections, massage therapy and medications to include Protonix, Zofran, cyclobenzaprine, Lyrica, fentanyl patches, Lidoderm patches, Ativan, Mirtazpaine and topical analgesic creams. A request was made for Fentanyl TDS Patch 25 microgram/hour quantity ten, which was partially certified for quantity of five patches in the utilization review on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl TDS patch 25 mcg/hr quantity 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 93 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) treatment guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is not recommended for musculoskeletal pain. Review of the available medical record, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, electrodiagnostic findings, previous surgeries and clinical presentation, this request is not medically necessary.