

<b>Case Number:</b>	CM14-0162527		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 57-year-old female with a 7/1/97 date of injury. According to a progress report dated 7/30/14, the patient was seen for her low back and right lower extremity pain. The patient's opioid medication regimen consisted of oxycodone 30mg QID and fentanyl patch 25mcg Q48H. Objective findings: full strength in lower extremities, decreased sensation in right approximate S1 distribution, minimal depression. Diagnostic impression: status post L5-S1 fusion, right L4-L5 mild spinal stenosis, chronic opiates, and possible right sacroiliac joint dysfunction. Treatment to date: medication management, activity modification, home exercise program, TENS unit. A UR decision dated 9/25/14 modified the request for fentanyl to certify 7 patches for weaning purposes. There is a lack of recent documented evidence of quantifiable pain relief and objective functional improvement. Furthermore, the medical records submitted for review indicate that the patient's current medication regimen well exceeds the recommended dosing of less than 120mg of morphine equivalents per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Fentanyl DIS 75mcg/hr 30 days supply Quantity: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic  
Page(s): 45.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, in the present case, there is no documentation that this patient cannot tolerate a first-line long-acting oral opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or ██████ monitoring. Furthermore, given the 1997 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control or endpoints of treatment. Therefore, the request for 1 Prescription for Fentanyl DIS 75mcg/hr. 30 days supplies Quantity: 15 were not medically necessary.