

<b>Case Number:</b>	CM14-0183916		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/15/2002
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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 patient is a 63-year-old male who has submitted a claim for pain disorder associated with both psychological factors and a general medical condition, major depressive disorder, and status post lumbar surgery associated with an industrial injury dates of 9/15/2002. Medical records from 2009 to 2014 were reviewed. The patient complained of severe physical pain, major depression, and related symptoms. The patient experienced chronic lumbar spine pain managed with oral medications and intrathecal pain pump. The oral medications continued to taper with escalation of pump medications. He reported 75% pain relief and functional improvement with medication use. Physical exam of the lumbar spine showed tenderness, well-healed central incision, right lower extremity weakness, decreased sensation at the right L4 to L5 dermatomes, and hyporeflexia. Urine drug screen from 7/10/2014 showed inconsistent result with prescription medications. Tetrahydrocannabinol was detected. Treatment to date has included lumbar surgery, lumbar epidural steroid injection, psychotherapy, intrathecal pain pump, and medications such as Fentanyl (since at least March 2014), Lyrica, Percocet, Cymbalta, and Flexeril. The utilization review from 10/24/2014 modified the request for Fentanyl 75 mg, #15 into quantity 10 for the purpose of weaning because there was no documentation of functional benefit from medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75 mg # 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Opioids, Fentanyl (transdermal) Page(s): 44, 78, 93.

**Decision rationale:** Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). , There are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the patient was prescribed Fentanyl since at least March 2014, in addition to a Fentanyl Duragesic patch, Percocet, Soma, as well as an intrathecal pain pump. He stated that he smoked a little pot when he was young in a report dated 4/7/2007. He reported 75% pain relief and functional improvement with medication use. However, a urine drug screen from 7/10/2014 showed inconsistent result with prescription medications; tetrahydrocannabinol was detected. There is a suspicion for aberrant drug behavior. The guideline criteria for continuing opioid management are not met. Therefore, the request for Fentanyl 75 mg, #15 is not medically necessary.