

<b>Case Number:</b>	CM14-0089944		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/20/08 when, while unloading a truck he slipped on soap. Treatments included physical therapy and medications. He underwent a right ACL reconstruction in November 2008 and arthroscopic debridement in July 2010 and again in June 2013. He was seen by the requesting provider on 03/03/14. He was having ongoing right knee pain. Pain was rated at 6/10 and increased with walking. Physical examination findings included medial patellar tenderness with normal strength and range of motion. Urine drug screening had shown expected findings. Medications were refilled. On 05/06/14 he was having ongoing knee pain. He was performing a home exercise program. Recommendations had included a few sessions of physical therapy for review of his home exercise program and instructions in taping. Medications included Fentanyl and gabapentin with benefit. On 05/30/14 he was wearing a knee sleeve. He had popping with movement of his knee and there was prominence of the hardware. The assessment references him as having returned to work in August 2013 including driving and in May 2014 as checking water pumps. He was continuing to use lidocaine gel and fentanyl. Prior treatments had included physical therapy. Use of a knee brace had caused discomfort. Knee taping had not been helpful. He was having ongoing patellofemoral pain. Physical examination findings included ambulating without a cane. There was minimal knee tenderness. He had a mild joint effusion. Imaging results showed expected postoperative findings. Recommendations included a continued home exercise program. A cortisone injection was offered and declined. He was requesting a handicapped parking placard which was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 12mcg #10x 2 months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Pa.

**Decision rationale:** The claimant is more than 6 years status post work-related injury and continues to be treated for right knee pain. He has undergone three knee surgeries. Medications include Fentanyl, lidocaine gel, and gabapentin with reported benefit. The total morphine equivalent dose (MED) is less than 30 mg per day. The claimant is noted to be working. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. Fentanyl is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Fentanyl was medically necessary.