

<b>Case Number:</b>	CM14-0096634		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation 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 injured worker is a 68-year-old female who reported an injury on 04/23/1996. The mechanism of injury was moving boxes at work. The injured worker's diagnoses include lumbago and status post spinal cord stimulator in place since 2013. The injured worker's past treatments included physical therapy, facet blocks, epidurals, transcutaneous electrical neuro stimulation or transcutaneous electrical nerve stimulation (TENS), ergonomic adaptations, and physiological counseling for this injury. On a clinical note dated 06/30/2014, the medical records noted the injured worker had pain controlled on medications and was doing a little more walking and regular exercise. The injured worker's medical records did not provide a physical examination. The injured worker's medications included fentanyl 75 mcg/hour patch, fentanyl 400 mcg, and Lyrica 300 mg. The request was for fentanyl patch 75 mcg. The rationale for the request was to prevent withdrawal symptoms of opioid analgesics. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 75mcg #12 with no refills:** Upheld

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

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

**Decision rationale:** The request for fentanyl patch 75 mcg #12 with no refills is not medically necessary. The injured worker is diagnosed with lumbago and status post spinal cord stimulator since 2013. The injured worker stated the pain was controlled on medications, and she was doing a little more walking and regular exercise. The California MTUS do not recommend Duragesic as a first line therapy. Duragesic is the trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly through the skin. The guidelines state they are indicated for management of persistent chronic pain, which is moderate to severe, requiring continuous around the clock opioid therapy. The pain cannot be managed by other means and should only be used in patients who are currently on opioid for which tolerance has developed. The patches should be applied to intact skin only. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that the injured worker has decreased functional deficits. The documentation did not include a recent urine drug screen or documentation of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for fentanyl patch 75 mcg #12 with no refills is not medically necessary.