

<b>Case Number:</b>	CM14-0197998		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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:

This is a 61 year old female patient who sustained a work related injury on 10/10/2005. Patient sustained the injury when she missed a step and fell on her buttock striking the pavement. The past medical history includes motor vehicle accident. The current diagnoses include L1 compression fracture, lumbar facet syndrome, paraspinal myofibrositis, scoliosis, degenerative disc disease L4-L5 and L5-S1. Per the doctor's note dated 11/4/14, patient has complaints of lower back and bilateral hip pain at 5/10. Physical examination revealed normal gait with decreased tenderness over the lumbar facet joints bilaterally, range of motion of the lumbar spine showed improved extension and rotation, stiffness of the left hip, deep tendon reflexes, sensory, and motor examination were normal. The current medication lists include Fentanyl Patches. The patient has had x-rays taken and a follow up CT scan which revealed a fresh compression fracture of L1; MRI which revealed multilevel lumbar disk narrowing with near complete loss of L3-L4 and L4-L5. She underwent a left lumbar radiofrequency rhizotomy on 2/24/14 and a right lumbar radiofrequency rhizotomy on 11/25/13. The patient has received 12 PT and unspecified chiropractic visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50 mcg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Duragesic (fentanyl transdermal system); Fentanyl Page(s): 75-80,.

**Decision rationale:** According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic is "not recommended as a first-line therapy. ...The FDA-approved product labeling 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." In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. ..Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 50 mcg #15 is not established for this patient.