

<b>Case Number:</b>	CM14-0210025		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year-old female with date of injury 04/09/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/11/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation in the right and left paravertebral regions at the L4-5 and L5-S1 levels. Extension, right lateral rotation, and left lateral rotation of the lumbar spine were positive for back pain. Straight leg raise was negative bilaterally. Motor strength was 4/5 to the bilateral lower extremities. Diagnosis: 1. Lumbosacral spondylosis without myelopathy 2. Degenerative disc disease, lumbar 3. Lumbar disc disorder. The medical records supplied for review document that the patient was first prescribed the following medication on 11/11/2014. Medication: 1. Fentanyl Patch 25mcg/hr SIG: 1-2 patches every 48 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25mcg/hr transdermal patch, 1-2 patches every 48 hours as needed for 10 days, #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain, Fentanyl

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is also taking OxyContin and Norco. There is no documentation of the above criteria for any of narcotics that the patient has been taking. Therefore, the request is not medically necessary.