

<b>Case Number:</b>	CM14-0210767		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 53 year old female with date of injury 11/23/10, sustained when she tripped over cardboard and fell down. The treating physician report dated 11/25/14 (168) indicates that the patient presents with pain affecting the neck, left elbow and bilateral low back. The patient complains of constant, dull achy pain in the back of her neck and low back, aggravated by activities and cold weather. The physical examination findings reveal the range of motion was limited at both shoulders with abduction accompanied with pain. A facet loading test of the lumbar spine was positive bilaterally, right side worse than the left. Spine extension was restricted and painful, and flexion of the lower back causes pain as well. Coarse tremors of the hands and forearms were noted, and are extremely tender to palpation over the posterior left a.e. joint. Prior treatment history includes cervical facet injections, thoracic epidural injections, cervical medial branch blocks, a right shoulder arthroscopy (5/31/13), a cervical radiofrequency ablation (1/7/13), a left throchanteric bursa injection, right hip joint injections, physical therapy, massage therapy, acupuncture, surgery psychotherapy, interventions and prescribed medications. The current diagnoses are: 1. Chronic pain syndrome2. Cervical spondylosis without myelopathy3. Lumbar sprain and strain4. Generalized osteoarthritis5. Obesity, unspecified6. Persistent disorders of shoulder joint7. Other specified disorders of shoulder joint8. Other internal derangement if knee9. Essential and other specified forms of tremor.The utilization review report dated 12/9/14 (6) denied the request for Fentanyl Patches based on a lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck, left elbow and bilateral low back. The current request is for Fentanyl Patches. The treating physician report dated 11/25/14 (168) states, "Patient reports current medication use is stable and adequate and providing good pain relief. This medication is increasing functionality and quality of life." The current request does not specify a quantity or dose of Fentanyl patches to be prescribed to patient but the treating physician report notes that the prescription is for 15 patches with one refill. The UR report dated 12/9/14 (6) also notes that the request is for Fentanyl Patches 25mcg/hr QTY: 15. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The reports provided show the patient has been using a Fentanyl Patch since at least 2/11/14 (58). The report dated 11/25/14 notes that "The 4 A's of treating pain were reviewed with this patient." No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to continue with a daily functional stretching and strengthening exercise program. The continued use of a Fentanyl patch has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case the patient may require continued usage of Fentanyl patch but a specified dose and quantity was not indicated in this IMR. The current request is not medically necessary as the MTUS guidelines require ongoing monitoring and an unlimited quantity for an unlimited duration does not meet the MTUS criteria. Recommendation is for denial and slow weaning per MTUS.