

<b>Case Number:</b>	CM14-0052031		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 patient is a 45-year-old male presenting with a work-related injury on November 14, 2006. The patient complained of neck pain, left shoulder pain, left arm, left wrist and low back pain. The patient's medications included dialoguing 8 mg one tablet three times per day, Norco 10 for 325 one tablet every 4 to 6 hours and trazodone 50 mg one tablet at bedtime. The patient is status post decompression of left ulnar nerve at the cubital tunnel with anterior transportation of the nerve on January 22, 2008. The patient has also tried physical therapy, activity modification and a home exercise program. The patient was diagnosed with neck sprain or strain, left shoulder impingement, status post decompression of the left ulnar nerve and cubital tunnel with anterior transportation of the nerve on January 28, 2008, and low back pain. On January 13, 2014 the physical exam was nonsignificant for abnormal findings. On February 10, 2014 the patient complained of significant amount pain with ongoing. The provider prescribed is now 50 g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patches, 50 mcg/hr, quantity ten, 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 78, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Fentanyl patches, 50 mcg/hr., quantity ten, 30 day supply is not medically necessary. Per MTUS page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.