

<b>Case Number:</b>	CM15-0004969		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 52- year old male, who sustained an industrial injury on February 26, 2013. The diagnoses have included axial back pain, facet arthropathy, status-post radiofrequency ablation, muscle spasms, intermittent right lower extremity pain and opioid dependency. Treatment to date has included pain medication to include topical pain medication, medial branch block injections at the L3-4 and L4-5, radiofrequency ablation, physical therapy, a lumbar brace, trigger point injections and routine monitoring. Currently, the Injured Worker complains of axial back pain that had been getting progressively worse. The worker had a medical branch block at the L3-5 medial branches, which produced pain relief for approximately three days, and then pain began coming back. Associated symptoms included muscle spasms and pain was rated a ten on a scale of ten. Pain was characterized as intermittent sharp and stabbing in nature. A prior progress note on 10/6/14 indicated the claimant was on Norco and Oxycontin but had 9/10 pain. He was started on a Butrans patch. ON 12/2/14, the cliamant had severe pain on Norco, and Nucynta. He was given a Toradol injection. On December 29, 2014, the Utilization Review decision non-certified a request for Fentanyl 12mcg Patches one every 72 hours, count of 10. The rationale noted the documentation did not clearly reflect continued analgesia, continued functional benefit or lack of adverse side effects, additionally there was no documented evidence that the prescription was from a single practitioner and was being taken as ordered and at the lowest possible dose. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of Fentanyl 12mcg Patches one every 72 hours, count of 10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 12 MCG Patches Apply 1 Every 72 Hours #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 this case, the claimant had been on Nucynta and Norco other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Current indication for using Fentanyl or pain score responses were not provided the Fentanyl is not medically necessary.