

<b>Case Number:</b>	CM15-0110590		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old male, who sustained an industrial injury on 5/19/06. He has reported initial complaints of a crush injury to face with orbital blowout, eye injuries, left wrist crushed, neck injury, and multiple fractures. The diagnoses have included carpal tunnel syndrome, pain in joint upper arm, pain in joint of hand, closed fracture of facial bones, and injury to shoulder upper arm region. Treatment to date has included medications, activity modifications, diagnostics, surgery, and other modalities. Currently, as per the physician progress note dated 5/1/15, the injured worker complains of a multitude of injuries with pain complaints. The chief complaint is severe neck pain which is constant headaches with eye pain bilaterally and double vision. He also has left wrist pain with intermittent swelling. The pain is chronic and long standing. The objective findings reveal that he is in pain, the gait is antalgic, and there is multiple facial scars and scarring around the mouth, multiple scars around the left wrist with tenderness over the left wrist. There is severe pain with flexion/extension of the wrist. There is tenderness around the cervical spine and trapezius on the right. There is numbness and tingling in the left hand and wrist forearm region. The current medications included Cymbalta, Depakote, Fentanyl patch, and Topamax. The urine drug screen dated 9/9/14 was consistent with medications prescribed. There were previous therapy sessions and diagnostic reports noted in the records. The work status is permanent and stationary. The physician requested treatment included Fentanyl patch 75mcg #15 for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 75mcg #15: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-79.

**Decision rationale:** Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Continued use of fentanyl patch is appropriate. Patient has chronic severe pain and has failed multiple other opioid and other pain therapy. Provider has documented appropriate objective signs of improvement in pain and function, while modest, enough to warrant approval. Provider is appropriately monitoring patient for abuse and side effects. Patient's pain is chronic and not likely to improve. Continued use of fentanyl patch is appropriate. Therefore the request is medically necessary.