

<b>Case Number:</b>	CM15-0113883		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 4, 2010. In a Utilization Review report dated May 28, 2015, the claims administrator approved a request for Norco while denying a request for Duragesic (fentanyl). The claims administrator referenced an office of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 7, 2015 RFA form, lumbar epidural injection, Duragesic, Ambien, Soma, and Norco were endorsed. In an associated progress note of January 6, 2015, the applicant reported ongoing complaints of low back pain, elbow pain, wrist pain, and associated upper and lower extremity paresthesias. Duragesic, Norco, Soma, and Ambien were prescribed. A rather proscriptive 15-pound lifting limitation was endorsed. The applicant reported 4/10 pain with medications versus 6/10 without medications. The applicant was still smoking, it was acknowledged. The applicant acknowledged that sitting, lying, down, bending, and lifting, all remained problematic. The applicant's work status was not clearly stated at the bottom of the report. It was not clearly or explicitly stated that the applicant was working with the 15-pound lifting limitation in place. In a December 8, 2014 Qualified Medical Evaluation (QME), the qualified medical evaluator stated that the applicant never went back to usual and customary. The qualified medical evaluator then stated that the applicant started his own business had reportedly been successful with the same. It was suggested that the applicant had worked relatively consistently in the past 6-14 months. On May 19, 2015, the applicant reported 5/10 low back pain with medications versus 10/10 pain without medications. The applicant was using Duragesic, Norco, and Soma. The attending

provider maintained that the applicant's pain was improved with medications and that the applicant was able to continue to work and volunteer on this date. The applicant was still smoking a pack per day. The attending provider reiterated that the applicant needed his medications to remain functional. Norco, Soma, Duragesic, and a 15-pound lifting limitation were renewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fentanyl 75mcg patches #10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for fentanyl (Duragesic) was medically necessary, medically appropriate, and indicated here. The request for fentanyl (Duragesic) represented a renewal or extension request for the same. The applicant had been using the same for what appeared to have been a minimum of several months. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently returned to work in a self-employed capacity, both the applicant's treating provider and medical-legal evaluator contended. The applicant's pain scores were reduced from 10/10 without medications to 5/10 with medications, as suggested above. Ongoing usage of opioid therapy to include ongoing usage of fentanyl had ameliorated the applicant's ability to perform various activities of daily living, the treating provider reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.