

<b>Case Number:</b>	CM13-0021452		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/16/1999
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 51-year-old male who reported an injury on 11/16/1999. The mechanism of injury was not provided for review. The patient developed chronic low back pain that was managed with injections and medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed the patient had constant low back pain rated at 8/10 and had reported pain relief as result of the patient's prescribed medications. Physical findings included decreased range of motion described as 50 degrees in flexion, 10 degrees in extension, and 20 degrees in right and left lateral bending with decreased sensation in the L5 dermatome. The patient's diagnoses included lumbar discopathy, lumbar radiculopathy, lumbar myofascial pain, status post lumbar fusion, status post lumbar hardware removal, and status post pericardiectomy in 05/2013. The patient's treatment plan included continuation of medication usage including Norco 10/325 mg, Naproxen, Duragesic patch, and an epidural steroid injection at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Duragesic Patches 50 mcg, one transdermally every 72 hours, #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids On-Going Management and Duragesic® (fentanyl transdermal system) Page(s): 78, 4.

**Decision rationale:** The requested Duragesic patches 50 mcg 1 transdermally every 72 hours #10 is not medically necessary or appropriate. The clinical documentation does indicate the patient has chronic low back pain that would benefit from medication management. However, California Medical Treatment Utilization Schedule recommends the ongoing use of opioids for the management of a patient's chronic pain be supported by functional benefit, assessment of pain relief, management of side effects, and documentation of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is being monitored for aberrant behavior; however, there is no documentation of significant functional benefit or pain relief as result of the patient's medication schedule. Therefore, continuation would not be indicated. As such, the requested Duragesic patches 50 mcg 1 transdermally every 72 hours #10 is not medically necessary or appropriate.

**Request for bilateral L5-S1 transforaminal epidural steroid injection (ESI) x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The requested bilateral L5-S1 transforaminal epidural steroid injection x2 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has clinical findings of low back pain with radicular symptoms. California Medical Treatment Utilization Schedule recommends epidural steroid injections be provided to a patient with physical findings of radiculopathy that are supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence of radicular physical findings; however, there was no imaging study submitted to support pathology that would cause those radicular symptoms. Additionally, the request is for 2 epidural steroid injections. California Medical Treatment Utilization Schedule recommends additional epidural steroid injections be based on documentation of significant pain relief and functional benefit of an initial injection. Therefore, a series of 2 injections would not be indicated. As such, the requested bilateral L5-S1 transforaminal epidural steroid injection x2 is not medically necessary or appropriate.