

<b>Case Number:</b>	CM13-0033099		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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.

### 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 43-year-old female who reported an injury on 12/03/2012. The mechanism of injury was not submitted. The patient was diagnosed with lumbar degenerative disc disease and lumbar disc protrusion. The patient complained of increased pain in the lower back radiating to the bilateral lower extremities. The clinical documentation states the patient failed all of the conservative treatment. The patient had trigger point injections in the past. The patient rated her pain at a 6/10. The patient had decreased range of motion with the lumbar spine. The patient had a straight leg raising test that was positive to the bilateral lower extremities at 75 degrees. The patient also had decreased sensation to light touch. The treatment plan included a spinal stimulator implantation, psychological evaluation, encouragement to do more physical activities, and a follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch; 12 micrograms/hr (1 - patch topically every 72 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 68, 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system), Opioid on-going management Page(s): 44, 78.

**Decision rationale:** CA MTUS states fentanyl transdermal system Duragesic patches are not recommended as first line therapy. The guidelines also state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (non-adherent) drug related behaviors. The patient continued to complain of increased low back pain and bilateral lower extremity pain. However, the clinical documentation submitted for review does not show evidence of pain improvement. Also, the documentation did not indicate an increase in the patient's function. Given the lack of documentation to support guideline criteria, the request is non-certified

**Cyclobenzaprine; 10 milligrams every day (QD): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 71.

**Decision rationale:** CA MTUS recommends Cyclobenzaprine as an option, using a short-term course of therapy. The guidelines state Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The patient complained of pain to the low back and bilateral lower extremities. However, the documentation submitted for review does not indicate how long the patient has been taking Cyclobenzaprine. Also, the documentation does not indicate the patient had symptoms of muscle spasms. Given the lack of documentation to support guideline criteria, the request is non-certified.