

<b>Case Number:</b>	CM13-0055835		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/1999
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. The expert 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 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/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 injured worker is a 44-year-old female who reported an injury on September 20, 1999. The mechanism of injury was not provided. The injured worker's medication history included fentanyl patches as of 2012. The documentation of November 7, 2013 revealed a physical examination of deep tendon reflexes that were hyperactive bilaterally and symmetrical. The injured worker had paresthasias to the lower extremities to light touch to the lateral aspect of the lower extremity. The diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc, chronic pain due to trauma, postsurgical arthrodesis status, and displacement of the lumbar intervertebral disc without myelopathy. The plan was a lumbar epidural steroid injection and Duragesic brand patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF DURAGESIC BRAND BETWEEN 11/7/2013 AND 12/29/13:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), Ongoing Management Page(s): 44,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), NSAIDS.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been on the medication since 2012. There was a lack of documentation indicating the efficacy of the requested medication and that the injured worker had an objective decrease in pain with the medication. The injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency, quantity, and strength for the request. The request for one prescription of Duragesic brand is not medically necessary or appropriate.

**ONE LUMBAR EPIDURAL BETWEEN 11/7/2013 AND 12/29/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend for an epidural steroid injection, radiculopathy must be documented by objective physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the injured worker's pain must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective physical examination findings. However, there was lack of documentation including an official MRI reading and/or electrodiagnostic testing. Additionally, there was lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment.