

<b>Case Number:</b>	CM14-0121817		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Medicine, and is licensed to practice in 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 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 56 year old female who had a work related injury on 04/10/05. She slipped walking to a patient's room. The injured worker legs split; she was originally focused on her low back. The injured worker has back pain and some left leg symptoms. The most recent medical record submitted for review is dated 05/16/14 with noted complaints of low back and left knee pain; denies any radicular symptoms. The injured worker notes aggravation of knee pain with weight bearing activities such as walking and standing and also transitioning from sitting to standing after prolonged sitting and also remains symptomatic left sided low back pain. Prior treatment the injured worker had left L4-5 and L5-S1 facet Rhizotomy/Neurotomy on 01/31/13 with 60-80% improvement of left sided low back pain for approximately 3-4 months. The injured worker has undergone left carpal tunnel release surgery and left knee arthroscopy surgery x 2 and received Cortisone injections in the left thumb and left elbow with benefit. The injured worker states she was told she was a candidate for a Left Total Knee Replacement. The injured worker has undergone spine surgery evaluation but did not feel that she was a spine surgery candidate. Current medication is Fentanyl patch 50mcg per hour every 2 days for baseline pain relief. She is utilizing Tizanidine for muscle spasm, Lyrica for neuropathic pain, Prevacid for dyspepsia caused by medication, Zofran to counteract nausea secondary to medication use and Cymbalta for depression as well as for neuropathic pain and chronic pain. She rates her pain at 5/10. The injured worker attributes this to a long car drive which is from her residence to the office for her appointment. Her pain will drop to a 2/10 with the use of current medication and will be elevated to a 10/10 without medication. Overall, she notes up to 80% improvement of symptoms due to the current regimen of medication. Physical examination gait is assisted with a single point cane. There is tenderness to palpation in the midline cervical spine and bilateral paraspinal musculature. Low back, 1 muscle spasm. Lower extremity

positive straight leg raise on the left at 45 degrees and negative on the right. She has slight decreased strength with dorsa and plantar flexion of the left leg and also slight decreased knee extension. There was tenderness over the left knee predominantly in the medial joint line. Prior utilization review 07/11/2014 was modified to initiate taper.

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

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

**Fentanyl Patch 25mcg/hr 1 every 72 hours #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications, as such, medical necessity has been established.