

Case Number:	CM14-0167393		
Date Assigned:	10/14/2014	Date of Injury:	10/27/2008
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine, and is licensed to practice in Texas & California. 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:

This is a 33 year old male patient who sustained a work related injury on 10/27/2008. Patient sustained the injury when he was loading a truck and some boxes fell and striking him. The current diagnoses include depression, lumbar post laminectomy syndrome, sciatica, neck pain, and tension headache. Per the doctor's note dated 8/19/14, patient has complaints of back pain and right leg pain and radiation of pain in his right radicular pain in his leg. The patient has had suicidal ideation, but denies specific plan or any intent. Physical examination lumbar spine revealed tenderness over lumbar paraspinal bilaterally, sensation was decreased in L2-L4 dermatomes and right L5-S1 dermatomes, straight leg raise was positive on the right; spasm and guarding in the lumbar spine. The patient has had GAF score was 50 and person impairment rating of 30%. Per the doctor's note dated 10/06/14 patient had complaints of lower back pain with radiation down into the posterior aspect of his right leg. Physical examination revealed tenderness over the lumbar paraspinal muscles bilaterally, sensation was decreased in L2-L4 dermatomes and right L5-S1 dermatomes, straight leg raise was positive on the right; spasm and guarding in the lumbar spine and lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus and gait was antalgic. The current medication lists include Zofran, Diclofenac, Venlafaxine, Sennosides, Mirtazapine, Fentanyl patch, Nabumetone, Gabapentin, Lipitor, Folic acid, Hydroxyzine, and Metoprolol succinate. The patient has had Cervical spine MRI dated 11/8/10 that revealed C5-6, mild disc desiccation, Upper extremity EMG 12/6/2010 that revealed mild Ulnar mononeuropathy at the left elbow, Lumbar spine MRI dated 11/17/08 that revealed Mild diffuse posterior protrusion of the L4-5 disc, mild to moderate left lateral recess stenosis, and Mild diffuse posterior bulging of the L5-S1 disc; X-ray of bilateral Knees from 11/6/13 that was normal. The patient has had a spinal cord stimulator for this injury. He underwent

transformational epidural injections and L5-S1 posterior segmental instrumentation and posterior interbodyfusion with spacer plates at L4-L5 and L5-S1 on 07/22/2009. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr patch #16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

Decision rationale: According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic 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 patients who require continuous opioid analgesia for pain that cannot be managed by other means." In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. ..Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Any recent urine drug screen to assess for the use or the presence of illegal drugs was not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl 75mcg/hr patch #16 is not established for this patient.

Tegaderm 4" x 4.75" dressing 4 x 4 3/4 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (updated 11/21/14), Wound dressings.

Decision rationale: Tegaderm transparent dressings can be used to cover and protect wounds and catheter sites. MTUS/ACOEM guideline does not specifically address this issue. Hence ODG used. As per cited guideline "Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings" Rationale for Tegaderm 4" x 4.75" dressing 4 x 4 3/4 #60 was not specified in the records provided. Any evidence of chronic wounds was not specified in the records provided. The medical necessity of the request for Tegaderm 4" x 4.75" dressing 4 x 4 3/4 #60 is not fully established in this patient.

Diclofenac sodium 1.5% 60grm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Diclofenac sodium 1.5% 60grm cream is not established for this patient.