

Case Number:	CM14-0181420		
Date Assigned:	11/06/2014	Date of Injury:	09/07/1993
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 68-year-old male with complaints of chronic severe low back pain due to lumbar degeneration. The date of injury is 9/7/93 and the mechanism of injury was not mentioned. At the time of request for TFESI on the left L4-L5 and L5-S1, with fluoroscopic guidance and anesthesia, Fentanyl 12 mcg/hr. patch, one count, Fentanyl 75 mcg/hr., one count, and urine drug screen, there are subjective as per the report of 10/8/14 (chronic severe low back pain due to lumbar degeneration, severe hypogonadism secondary to chronic opioid use, pain level with medication 7/10 and 10/10 without), objective (decreased but equal deep tendon reflexes in UE and LE, well healed ACDF scar right on C-spine exam, positive Spurling's on right, C-spine ROM, forward and left lateral flexion at 10, right lateral flexion and hyperextension at 5, right lateral rotation at 65, and left lateral rotation at 60; T-spine exam, TTP paraspinals L4-5 and L5-S1 bilaterally, forward flexion at 80 and right lateral bend at 5, decreased strength RUE and RLE, decreased sensation right C7 nerve root distribution), findings, imaging/other findings (L-spine MRI dated 1/22/14 revealed L2-S1, DJD, L3-S1 DDD and HNP, L4-S1 bilateral foraminal stenosis with nerve root impingement. USD dated 9/10/14 was consistent.), current medications (Fentanyl, Gabapentin, Anhydrous, Bupropion HCL ER, Acetaminophen, Omeprazole, Pantoprazole Sodium, Levitra, Diovan HCT, Clonidine HCL, and Atorvastatin Calcium), diagnoses (degenerative lumbar/lumbosacral intervertebral disc; displacement lumbar intervertebral disc w/o myelopathy; lumbosacral spondylosis without myelopathy; thoracic/lumbosacral neuritis/radiculitis unspec; pain in ankle and foot joint; lower leg joint pain; lumbago; T-spine pain; brachial neuritis or radiculitis nos; cervicgia; and postlaminectomy syndrome cervical region), and treatment to date (left L4-5 & L5-S1 TFESI dated 01/30/14 and CESI dated 08/19/14 gave pain relief). The request for Fentanyl 12 mcg/hr. patch, one count, Fentanyl 75 mcg/hr., one count were approved and TFESI on the left

L4-L5 and L5-S1 with fluoroscopic guidance and anesthesia, and urine drug screen were denied on 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TFESI) on the left L4-L5 and L5-S1, with fluoroscopic guidance and anesthesia: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology has concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria by the guidelines for the use of ESIs for radicular pain management include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". In this case, there is clinical evidence of lumbar radiculopathy as well as significant analgesic response from the previous epidural steroid injection back in January 2014. Therefore, the request for TFESI left L4-5 and L5-S1 is medically necessary.

Fentanyl 12 mcg/hr patch, one count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The CA MTUS guidelines state Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain

relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, opioid prescribing protocols are satisfactory and there is documented pain relief/improved function on the medication. Therefore, the request for fentanyl 12 mcg/hr. patch is medically appropriate/necessary.

Fentanyl 75 mcg/hr, one count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per CA MTUS Chronic Medical Treatment Guidelines Fentanyl transdermal (Duragesic; generic available): Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, opioid prescribing protocols are satisfactory and there is documented pain relief/improved function on the medication. Therefore, the request for fentanyl 75 mcg/hr. patch is medically appropriate/necessary.

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Urine drug testing

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, interval drug screen monitoring is appropriate while prescribing opioids.