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| Case Number: | CM14-0050622 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 09/14/2008 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Neurological Surgery and is licensed to practice in 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:

The injured worker is a 43 year-old male injured on 9/14/2008. The mechanism of injury is noted as a back injury after pulling on a hydraulic hose. The most recent progress note dated 2/6/2014, indicates that there are ongoing complaints of low back pain and left lower extremity pain. Physical examination demonstrated a severe antalgic gait with the use of a cane for support; bluish and dark discoloration of the left lower extremity with 1+ swelling; hypersensitivity and allodynia below the left knee in a non-dermatomal distribution; moderate to severe tenderness over the L4/5, L5/S1; limited lumbar spine range of motion at 30 to 50% of normal range; muscle strength 4/5 left hip flexion and knee flexion/extension; straight leg raise test positive on the left at 45. MRI of the lumbar spine dated 9/24/2010 demonstrated disc protrusion with mild foraminal narrowing at L4/5, a disc bulge without nerve impingement at L5/S1. Diagnosis: Lumbar disc protrusions at L4/5, L5/S1; a recent flare-up sciatica down the left lower extremity; complex regional pain syndrome left lower extremity, depression/anxiety and bipolar disorder. Previous treatment includes spinal cord simulator, functional restoration program, physical therapy, hyperbaric chamber, ketamine topical therapy, paravertebral sympathetic blocks, lumbar epidural steroid injections, and medications to include: Fentanyl patch 75 mcg, Dilaudid 4 mg, Flexeril 10 mg, Cymbalta 60 mg and Lyrica 150 mg. A request had been made for Hydromorphone 4 mg #140 (23 day supply; Units/Day: 2), and Fentanyl 75 mcg #15 (30 day supply; Units/Day: 2). A partial certification was given for Hydromorphone 4 mg #140 (one unit), and Fentanyl 75 mcg #15 (one unit) on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone Tablet 4 mg QTY: 140, Days supply: 23, Units/Days: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain back and left lower extremity pain; however, there is no clinical documentation of improvement in pain or function with the current regimen. As such, this request is not considered medically necessary.

Fentanyl 75 mcg/hour, Days Supply: 30 Quantity: 15 Units/Days: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: Chronic Pain Medical Treatment Guidelines support Fentanyl Transdermal Patches (Duragesic) for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means. The claimant has chronic pain and has failed extensive conservative treatment, physical therapy, pain management and a permanent spinal cord stimulator. Transdermal patches are designed to slowly release Fentanyl over a 72 hour period. The last progress note documents that the patches are being changed every 2 days. Furthermore, there is no documentation of improvement in pain or function with the current regimen. As such, the current request is not medically necessary.