

Case Number:	CM14-0060225		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2000
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old male with a work injury dated 10/10/2000 that occurred after pulling a heavy hose at work. The diagnoses include failed spinal surgery syndrome and status post disco-gram two level positive with revision surgery, post-surgery for myelopathy, facet syndrome, lumbago. Under consideration is a request for Diazepam 10 mg 3 refills and Fentanyl 1500 mcg. There is a peer to peer report dated 3/10/14 that states that the patient has been indicated as a candidate for hardware injections and considerations of hardware removal and the patient is amenable to the treatment plan, and the patient fully functional. The patient's medications include Baclofen; diazepam; Fentanyl troche 1500 mcg; fortesta 2% gel (active); Miralax powder; Motrin 800 mg tablet ;Motrin (active); MS Contin 100 mg capsule, extended release (2 by mouth every twelve hours. 2 months supply.) ; Temazepam 30 mg capsule. His diagnoses include failed spinal surgery syndrome with ongoing axial spinal pain with severe neuropathic pain and neurogenic claudication 2 Status post disco-gram two level positive, with revision surgery, post-surgery for myelopathy. There is an 11/7/12 office visit that reveals on physical exam the patient has muscle strength for all groups tested as follows: right foot dorsiflexors and right foot plantarflexors where the muscle strength is 4/5. Right hip abductors, right hip adductors, right hip external rotators: right hip internal rotators, right hip flexors and right quadriceps where the muscle strength is 4+/5, Psychiatric exam reveals orientation X 3 with mood and affect appropriate .Coordination is good. On neurological exam the S1 dermatome: L5 dermatome and L4 dermatome demonstrates decreased light touch sensation bilaterally. Bilateral patellar reflex and bilateral Achilles reflex is . Lumbosacral exam reveals pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 hardware, pain with rotational extension indicative of facet capsular tears arid secondary myofascial pain with triggering and

ropey fibrotic banding. Straight leg raise testing is positive left side at 45 degrees. It is positive with pain radiating to the left buttocks, posterior thigh, medial leg, lateral leg, posterior calf, heel and foot. On the right side it is positive right side at 45 degrees and positive with pain radiating to the right buttocks, posterior thigh, medial and lateral leg, posterior calf and heel. He is ambulating with cerebral palsy cane in one arm right sided with a substantially antalgic gait. The patient is noted to be permanent and stationary. His medications are Foresta, diazepam, Fentanyl Troche (1500mcg); Baclofen, MSContin, Motrin, Miralax, Temezepam. A 4/7/08 supplemental report indicates that the patient was seen on 5/23/05 for medication management. He has severe low back pain, multiple procedures and surgery, Stable on medications, Morphine SR 100 mg #300, Fentanyl trochees 1500 mcg breakthrough pain, #210. This document revealed that the patient was seen on 10/11/07. The insurance would not require increased MS Contin or Cymbalta. Constipation much worse, goes back to previous MS Contin. He is showing significant signs of pain Increased Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation US Food and Drug Association, Diazepam tablets.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24 Acupuncture Medical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is documentation that the patient has been using diazepam dating back to 2007. The request for continued Diazepam 10 mg 3 refills is not medically necessary.

Fentanyl 1500 mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fentanyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl and Fentora (fentanyl buccal tablet) page 47 Acupuncture Medical Treatment Guidelines Page(s): 47.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the documentation indicates that the patient has been on Fentanyl dating back to at least 2005 without significant documentation of functional improvement or improvement of pain. Furthermore this medication is indicated for cancer pain. The patient does not have a diagnosis of cancer. The documentation submitted is also not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or

treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore the request for Fentanyl 1500 mcg is not medically necessary.