

<b>Case Number:</b>	CM14-0066531		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Management 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:

According to the records made available for review, this is a 43-year-old female with a 10/5/11 date of injury, and status post L5-S1 fusion. At the time (4/21/14) of request for authorization for Duragesic 25 mcg/hr transdermal Patch #15 and bilateral L3-S1 medial branch block #2, there is documentation of subjective (increased pain, pain rated 8/10; sciatica) and objective (lumbar spine tenderness, range of motion overall limited, tender at facet joint; axial pain which worsens with extension) findings, current diagnoses (lumbago, low back pain; lumbar disc degeneration, status post lumbar laminectomy), and treatment to date (activity modification and medications (including ongoing use of hydrocodone, Opana ER, and Duragesic patch)). 4/7/14 medical report identifies that the patient benefits greatly from the medication, patient is able to work-full time and care for her house. Regarding the requested Duragesic 25 mcg/hr transdermal Patch #15, there is no documentation that pain cannot be managed by other means and that no contraindications exist. Regarding the requested bilateral L3-S1 medial branch block #2, there is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks, that no more than 2 joint levels are to be injected in one session, and a rationale for a second diagnostic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25 mcg/hr transdermal Patch #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86,76-77. Decision based on Non-MTUS Citation official disability guidelines , pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl and FDA.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/hour; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of lumbago, low back pain; lumbar disc degeneration, status post lumbar laminectomy. In addition, there is documentation of chronic pain and that the patient is already receiving opioid therapy. Furthermore, given documentation that the patient benefits greatly from the medication, patient is able to work-full time and care for her house, there is documentation of functional benefit or improvement as a result of Duragesic patch use to date. However, there is no documentation that pain cannot be managed by other means and that no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Duragesic 25 mcg/hour transdermal Patch #15 is not medically necessary.

**Bilateral L3-S1 Medial Branch Block #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines ,low back -lumbar &thoracic ( acute &chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ) Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT (Physical

Therapy), and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. In addition, ODG does not consistently support a second diagnostic block in the evaluation/management of the cited injury/condition. Within the medical information available for review, there is documentation of diagnoses of lumbago, low back pain; lumbar disc degeneration, status post lumbar laminectomy. In addition, there is documentation of failure of conservative treatment (including NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of sciatica, there is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally. In addition, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks. Furthermore given that the request is for bilateral L3-S1 medial branch block #2, there is no documentation that no more than 2 joint levels are to be injected in one session and a rationale for a second diagnostic block. Therefore, based on guidelines and a review of the evidence, the request for bilateral L3-S1 medial branch block #2 is not medically necessary.