

Case Number:	CM14-0067937		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2008
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

The injured worker is a male who has a long history of low back pain with right leg numbness and pain after sustaining industrial injuries on April 8, 2008 and June 20, 2008 while performing his usual and customary duties as a plumber. The initial diagnoses were extruded disk and moderate stenosis as per the lumbar spine magnetic resonance imaging scan. Conservative treatment (physical therapy, medications) was provided since 2008, as well as epidural injections. He eventually underwent right laminectomy and discectomy followed by bilateral laminectomies performed in July 2009. Postoperatively, he had improvement in his leg symptoms but had continued severe mechanical back pain symptoms. Repeat lumbar magnetic resonance imaging scan revealed severe degeneration with stenosis at both levels and recurrent disc protrusion. There was some scarring at the dural sac and right nerve root. On October 29, 2010, he underwent anterior microscopic discectomy decompression of dural sac; repeat discectomy decompression of dural sac, right nerve root; partial vertebrectomy; and insertion of Prodisc-L disk replacement arthroplasty. Post-operatively, the injured worker had a positive response to surgery initially but the disc replacement has collapsed over time as per supplemental report dated December 27, 2013. Last urine drug screen was performed on November 21, 2013, which revealed findings positive for oxycodone and tetrahydrocannabinol (THC). An evaluation report dated January 8, 2014 indicated medication regimen included Oxycontin 30 mg twice a day; oxycodone 30 mg 1-2 tabs per day; Skelaxin 800 mg; Lyrica 75 daily; and Lidoderm 5% patch. A supplemental report dated March 8, 2014 reviewed subrosa tapes of the injured worker. The examining physician concluded the injured worker was able to engage in purposeful activities and moved in a deliberately easy manner, contradicting subjective reports of functional difficulties secondary to his low back. Progress report dated March 14, 2014 indicates complaints of constant lumbar pain and right lower leg pain rated at 6/10. The injured worker

noted that he tried Fentanyl patch, which was "a bit strong for him" and was adjusted. Recent progress report dated April 18, 2014 indicated that the injured worker complained of persistent lumbar spine and right leg pain rated at 6/10. He reported his pain improved with medications. He was observed to have gait instability. Lumbar ranges of motion were decreased in all planes. There was tenderness over the cervical and lumbar paraspinals. Tenderness was also noted at the right coracoid and infraspinatus attachment, as well as medial joint line tenderness. Right lower extremity weakness and numbness were noted. Neurologic examination showed decreased sensation on the right and left. Decreased strength in the right hip flexor muscles and positive straight leg raise test were observed. The injured worker was prescribed the following: Skelaxin 800 mg #30 (with 11 refills), Pristiq 100 mg #30 (with 11 refills), Nexium 20 mg one packet twice a day dissolved in 30 mL water #60 packs (with 11 refills), Lidoderm 5% patch two patches every 12 hours #60 (with 11 refills), Ambien 12.5 mg #30, Fentanyl 25 mcg patch one patch every 72 hours #10, oxycodone 30 mg immediate release #30, and Lyrica 100 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25 mcg Patch q72 hrs #10 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 63-65, 67-68, 78, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl, Opioids, specific drug list, Opioids, criteria for use Page(s): 44, 47, 93,77-80.

Decision rationale: The Medical Treatment Utilization Guidelines indicate that this medication is "not recommended as a first line therapy" and this medication is indicated in the management of chronic pain in employees who require continuous opioid analgesia for pain that cannot be managed by other means. Review of extensive medical records does not show evidence that the injured worker is contraindicated from using first-line opioid analgesics to manage his low back pain. Furthermore, guidelines indicate for ongoing management of medication such as this, that there should be documentation of the "4 A's": analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Although recent medical records provided indicate the injured worker's pain level as 6/10, it was not noted whether his activities were increasing and decreasing at that time. There was lack of clinical information regarding the injured worker's response with utilization of Fentanyl patch as per progress report dated March 14, 2014 such as intensity of pain after taking opioids, how long it takes for pain relief, and how long does pain relief last. In addition, a recent drug screen was not provided to document if the injured worker does not have aberrant (or non-adherent) drug-related behavior given on-going opioid management. The injured worker's last urine drug screen was performed on November 21, 2013. Therefore, it can be concluded that the requested Fentanyl 25 mcg patch #10 is not medically necessary at this time.