

<b>Case Number:</b>	CM14-0072924		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 40-year-old male who reported an injury on 07/17/2009, after lifting a manhole cover weighing approximately 200 pounds. The injured worker reportedly sustained an injury to his low back. The injured worker failed conservative treatment and ultimately underwent surgical intervention at the L4-5 level. The injured worker was treated postsurgically with physical therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 02/18/2014. The injured worker reported a 6/10 pain scale exacerbated by prolonged activities. Physical findings included a positive straight leg raising test bilaterally, with decreased range of motion secondary to pain and decreased motor strength at the extensor hallucis longus and plantar flexors. The injured worker's medications included Norco 5/325 mg, Neurontin 600 mg, naproxen 550 mg, Norflex 100 mg, Prilosec 20 mg, and Paxil 20 mg. The injured worker's diagnoses included failed back syndrome, extramedullary tumor, lumbar disc bulge at the L4-5 and L5-S1, bilateral L5 lumbar radiculopathy, status post L4-5 hemilaminectomy and facetectomy, chronic myofascial pain syndrome, and depression. A request was made for a refill of medications, and initiation of a fentanyl patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325mg, #60 (30 DS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The requested hydrocodone/acetaminophen 5/325 mg, #60 (30 DS) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy since at least 10/2013. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behaviors. The clinical documentation submitted for review does not provide any evidence that the injured worker receives any pain relief resulting from medication usage. There is no documentation of functional benefit. Additionally, there is no documentation that the injured worker is monitored for aberrant behaviors or is engaged in an opioid pain contract. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested hydrocodone/acetaminophen 5/325 mg, #60 (30 DS) is not medically necessary or appropriate.

**Fentanyl 25mcg/hr, #10 (30 DS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 76-77.

**Decision rationale:** The requested fentanyl 25 mcg/hr #10 (30 DS) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that this is an initial trial of this medication. California Medical Treatment Utilization Schedule recommends a new opioid be introduced into the injured worker's medication schedule on a 2-week trial basis to establish efficacy and support continued use. There is no documentation that the injured worker has already undergone a trial of fentanyl. Therefore, the requested amount exceeds a 2-week trial. Additionally, clinical documentation submitted for review indicates that the injured worker has been on opioid therapy since 10/2013. There is no documentation of functional benefit or pain relief resulting from that opioid therapy. Therefore, an additional opioid would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested fentanyl 25 mcg/hr #10 (30 DS) is not medically necessary or appropriate.