

Case Number:	CM14-0076122		
Date Assigned:	07/16/2014	Date of Injury:	02/10/1988
Decision Date:	10/08/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/23/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 54-year-old male with date of injury of 2/10/1998. A review of the medical records indicates that the patient is undergoing treatment for lumbar spinal stenosis and lumbago. Subjective complaints include constant, severe pain affecting his low back, neck, and legs; thoracolumbar spasms; bowel and bladder incontinence; and pain radiating to his legs and genitals. Objective findings include palpable spasm in the lateral paraspinals; straight leg raise positive at 30 degrees. Treatment has included Fentanyl patch 25mcg, Neurontin, Norco, Flexeril, Robaxin, and Soma. The utilization review dated 9/3/2014 non-certified the request for Fentanyl patch 50mcg #10 and 1 trigger point injection of Depo-Medrol and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) and Opioids Page(s): 44 and 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list

Decision rationale: Regarding Fentanyl, the California MTUS states and ODG agrees: "Not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin . . . The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." The MTUS does not discourage use of opioids past 2 weeks but does recommend "ongoing review and documentation of pain relief, functional status, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does include pain assessments and includes current, least, and average. The treatment notes indicate a consistent pain rating between 3-4/10 with the Duragesic, and the patient cites an average of 7/10 on the pain scale without the medication. It is clear that the current treatment regimen is beneficial to the patient. Additionally, medical records indicated he is able to bathe, groom, and feed himself and answer the phone. The requirements listed above have been met for continued Duragesic usage. As such, the request for Fentanyl patch (Duragesic patch) 50mcg #10 is medically necessary.

1 Trigger Point Injection, Depo-Medrol and Lidocaine, 2ml into the Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." It further states that a "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." The MTUS lists the following criteria for establishing the medical necessity of Trigger Points: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neurological testing); not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than two months; and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Additionally, subjective complaints of radiculopathy are present. As such, the request for 1 Trigger Point Injection of Depo-Medrol and Lidocaine, 2ml into the Lumbar, is not medically necessary.

