

<b>Case Number:</b>	CM14-0097761		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for Tegaderm film, denied/partially denied a request for methadone, approved diagnostic medial branch block, and denied a lumbar radiofrequency ablation procedure. The applicant's attorney subsequently appealed. In a progress note/appeal letter dated June 20, 2014, the applicant reported persistent complaints of low back pain. The applicant reportedly stated that 75% to 80% pain relief was achieved through medial branch block on June 17, 2014 as well as through facet joint injection of May 19, 2014. The applicant was continuing to work "120 hours" a week, it was stated, resulting in flare up of pain. The applicant was using fentanyl for sustained pain relief and methadone for breakthrough pain, it was stated. The applicant was staying active and exercising in a gym regularly, it was suggested. The applicant was able to wash his truck, change his oil, and do various projects, all of which are reportedly attributed to methadone usage. The applicant stated that he was optimistic that the radiofrequency ablation procedure could potentially diminish his reliance and dependence on various medications. The applicant was using Tegaderm film, fentanyl patches, Lexapro, Motrin, and methadone. The applicant stated that his mood had been ameliorated following introduction of Lexapro. The applicant was doing exercises at a gym regularly. The applicant stated that his pain scores were dropped from 5/10 with usage of fentanyl and methadone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tegaderm Film 4"x4"-3/4" misc #20 with 2 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Product description, Duragesic.com.

**Decision rationale:** The MTUS does not address the topic. As noted by the product description on Duragesic.com, Tegaderm adhesive dressings can be employed in applicants who are having difficulty with fentanyl patches sticking. In this, the applicant is, in fact, using Duragesic patches, concomitant provision of Tegaderm film to ensure that the patches adhere properly is indicated. Therefore, the request for Tegaderm Film 4"x4"-3/4" misc twenty count with two refills is medically necessary and appropriate.

**Methadone 10mg #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic.Opioids for Chronic Pain Topic Page(s): 80 81.

**Decision rationale:** The request in question is a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly achieved and/or maintained successful return to work status as a truck driver and mechanic, reportedly imputed through ongoing medication usage, including ongoing methadone usage. The attending provider has also posited that the applicant's pain levels have diminished following introduction of methadone and that the applicant's ability to exercise in a gym has also been diminished following introduction of methadone. Continuing the same, on balance, is indicated, although it is acknowledged that a combination of methadone and Duragesic may result in an overall Morphine equivalent dosage above the 120-180 mg range suggested on page 81 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Methadone 10 mg 240 count is medically necessary and appropriate.

**Radio Frequency Ablation with sedation L3-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomies/radiofrequency ablation procedure should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the attending provider has posited that the applicant had an earlier, temporarily favorable response to diagnostic medial branch blocks as evinced by 75 to 80% reported reductions in pain levels and temporary diminution in opioid consumption. Proceeding forward with a radiofrequency ablation procedure is therefore indicated. Accordingly, the request for Radio Frequency Ablation with sedation L3-S1 is medically necessary and appropriate.