

<b>Case Number:</b>	CM14-0202392		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/12/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 52 year old female with date of injury 2/12/01. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and back pain since the date of injury. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulation and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation at the bilateral trapezius and rhomboid musculature, positive trigger points in the bilateral trapezius musculature, antalgic gait, decreased and painful range of motion of the lumbar spine, tenderness to palpation at T12. Diagnoses: post laminectomy cervical syndrome, post laminectomy thoracic syndrome, post laminectomy lumbar syndrome, status post thoracic spine fusion. Treatment plan and request: Fentanyl patch 75 mcg # 15, Oxycodone 15 mg # 180, Fentanyl patch 100 mcg # 15, Fentanyl patch 75 mcg #15, Oxycodone 15 mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patches 75mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old female has complained of neck and back pain since date of injury 2/12/01. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 04/2013. The current request is for Fentanyl patch 75 mcg #15. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Fentanyl patch 75 mcg #15 is not medically necessary.

**Oxycodone 15mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old female has complained of neck and back pain since date of injury 2/12/01. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 04/2013. The current request is for Oxycodone 15 mg #180. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Oxycodone 15 mg #180 is not medically necessary.

**Fentanyl patches 75mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

**Decision rationale:** This 52 year old female has complained of neck and back pain since date of injury 2/12/01. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 04/2013. The current request is for Fentanyl patch 75 mcg #15. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other

than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Fentanyl patch 75 mcg #15 is not medically necessary.

**Fentanyl patches 100mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old female has complained of neck and back pain since date of injury 2/12/01. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 04/2013. The current request is for Fentanyl patch 100 mcg #15. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Fentanyl patch 100 mcg #15 is not medically necessary.

**Oxycodone 15mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old female has complained of neck and back pain since date of injury 2/12/01. She has been treated with thoracic spine fusion surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 04/2013. The current request is for Oxycodone 15 mg #180. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Oxycodone 15 mg #180 is not medically necessary.

