

<b>Case Number:</b>	CM15-0004209		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/25/1988
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 52-year-old male who reported an injury on 04/25/1988. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar discogenic pain, lumbar facet arthralgia, bilateral sciatica, and L5-S1 fusion. Past medical treatment consisted of radiofrequency ablation, surgery, spinal cord stimulator, and medication therapy. Medications included Percocet 5 mg, fentanyl 12 mcg, and Soma. No diagnostics were submitted for review. On 11/14/2014, the injured worker complained of lower back pain. The injured worker rated the pain at a 4/10 to 6/10 in severity. Physical examination revealed the motor strength of the lumbar spine 5/5 throughout the lower extremities. Seated straight leg raise was 85 degrees with peripheral to right knee and thigh, as well as lower left leg. Lordosis was decreased. There was a positive left Kemp's sign. Moderate pain was noted over the left more than the right L4-5 and L5-S1 levels. Medical treatment plan was for the injured worker to undergo a CT of the low back to determine if leads were still in good placement. The provider felt that the injured worker should also continue with medication therapy. A rationale was not submitted for review. A Request for Authorization form was submitted on 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT Scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 59 and ODG, [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for a lumbar CT scan is not medically necessary. The MTUS/ACOEM Guidelines state that MRIs give greater support than CT myelogram to identify and define low back pathology and do not support lumbar myelogram/CT evaluations of the lumbar spine in the absence of a red flag diagnosis, objective radiculopathy, or a surgical plan. It was noted in the submitted documentation that the provider was requesting the CT of the lumbar spine to determine lead placement; however, there was no indication in the submitted documentation that the injured worker had any evidence of a red flag deficits, nor was there any indication of the injured worker having a surgical plan. Given the above, the request would not be indicated. As such, the request is not medically necessary.

**Percocet 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management; Opioids, dosing Page(s): 60; 78; 86.

**Decision rationale:** The request for Percocet 5 mg is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker might have had. Additionally, there were no assessments indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. Given the above, the injured worker not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

**Fentanyl 12mcg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl); ongoing management; opioid dosing Page(s): 44; 78; 86.

**Decision rationale:** The request for fentanyl 12 mcg is not medically necessary. The California MTUS Guidelines indicate that fentanyl patches are not recommended as a first line therapy. The FDA, per the product labeling, states that Duragesic (fentanyl) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the fentanyl patches, nor did indicate that the medication was helping with any functional deficits the injured worker might have had. Additionally, there were no assessments indicating what pain levels were before, during, and after medication application. Furthermore, there were no UAs or drug screens submitted for review showing that the injured worker as compliant with prescription medications. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

**Retro: Toradol Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**Decision rationale:** The request for retro Toradol injection is not medically necessary. The California MTUS Guidelines do not recommend the use of Toradol for minor or chronic painful conditions. The submitted documentation did not indicate a rationale for the injection of Toradol. Additionally, the efficacy of the medication was not submitted for review. Given that the MTUS does not recommended the use of Toradol, and the lack of evidence submitted for review, the request for a retro Toradol injection was not medically necessary.