

Case Number:	CM15-0138838		
Date Assigned:	07/28/2015	Date of Injury:	05/27/1986
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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
 Certification(s)/Specialty: Emergency 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 an 82-year-old male, who sustained an industrial injury on 5/27/86. The diagnoses have included severe low back pain, lumbar fusion and failed back surgery syndrome. Treatment to date has included medications, activity modifications, surgery, physical therapy and spinal cord stimulator. Currently, as per the physician progress note dated 6/4/15, the injured worker complains of severe intractable low back pain following two extensive lumbar fusions. He reports that the symptoms have worsened over the last three weeks and he has spent more time in bed. He reports that with medication he is able to get out of bed, shower and participate in minor activities of daily living (ADL). He reports that his activity is severely limited by pain. The current medications included Fentanyl patch, Oxycodone and Miralax. The urine drug screen dated 2/8/12 was consistent with the medications prescribed. The physical exam reveals extremely stooped posture and he ambulates with a cane. The musculoskeletal exam reveals severely kyphotic and scoliotic thoracic appearance. There is axial spine tenderness, there is tenderness to palpation of the lumbar spine and axial spine and spasm of the bilateral quadratus lumborum muscle, there is severely limited lumbar range of motion in all motions, the right hip is lower and the sacroiliac joints are tender. The injured worker is retired. The physician requested treatments included Fentanyl 50mcg #15 and bilateral quadratus lumborum injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Fentanyl 50mcg #15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe intractable low back pain following two extensive lumbar fusions. He reports that the symptoms have worsened over the last three weeks and he has spent more time in bed. He reports that with medication he is able to get out of bed, shower and participate in minor activities of daily living (ADL). He reports that his activity is severely limited by pain. The current medications included Fentanyl patch, Oxycodone and Miralax. The urine drug screen dated 2/8/12 was consistent with the medications prescribed. The physical exam reveals extremely stooped posture and he ambulates with a cane. The musculoskeletal exam reveals severely kyphotic and scoliotic thoracic appearance. There is axial spine tenderness, there is tenderness to palpation of the lumbar spine and axial spine and spasm of the bilateral quadratus lumborum muscle, there is severely limited lumbar range of motion in all motions, the right hip is lower and the sacroiliac joints are tender. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Fentanyl 50mcg #15 is not medically necessary.

Bilateral quadratus lumborum injections: Upheld

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 Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

Decision rationale: The requested Bilateral quadratus lumborum injections, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g.,

saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has severe intractable low back pain following two extensive lumbar fusions. He reports that the symptoms have worsened over the last three weeks and he has spent more time in bed. He reports that with medication he is able to get out of bed, shower and participate in minor activities of daily living (ADL). He reports that his activity is severely limited by pain. The current medications included Fentanyl patch, Oxycodone and Miralax. The urine drug screen dated 2/8/12 was consistent with the medications prescribed. The physical exam reveals extremely stooped posture and he ambulates with a cane. The musculoskeletal exam reveals severely kyphotic and scoliotic thoracic appearance. There is axial spine tenderness, there is tenderness to palpation of the lumbar spine and axial spine and spasm of the bilateral quadratus lumborum muscle, there is severely limited lumbar range of motion in all motions, the right hip is lower and the sacroiliac joints are tender. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, bilateral quadratus lumborum injections are not medically necessary.