

Case Number:	CM15-0144475		
Date Assigned:	08/05/2015	Date of Injury:	02/21/2013
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 02-21-2013. Mechanism of injury occurred when she was supervising students playing basketball and was struck by the ball in her back. Diagnoses include chronic pain due to trauma, strain-sprain of the lumbosacral, degenerative disc disease-lumbar, facet lumbar arthropathy, facet cervical arthropathy, and fibrositis-rheumatism. Comorbid diagnoses include hypertension and asthma. She has a remote history of morbid obesity status post gastric by-pass, abdominoplasty and breast augmentation surgeries. She has lost over 100 pounds, and her weight is now 130 pounds. Treatment to date has included diagnostic studies, epidural steroid injections and facet blocks in which she responded well to but they have less effective lately, physical therapy, and medications. Medications include Fentanyl patches, Norco and Ultram. A physician progress note dated 06-10-2015 documents the injured worker is tolerating her medications without side effects and requests prescriptions for her pain medications. She rates her current pain as 6 out of 10, without medications her pain is 10 out of 10 and her average pain is 4 out of 10. She has chronic intractable lower back, greater upper back and greater neck pain with bilateral shoulder and bilateral leg pain. She cannot tolerate NSAIDs due to her past history of gastric bypass. She has lower back pain on both sides with radiation of pain to both legs. She has upper back and base of the neck pain. She has a normal gait. There is tenderness to palpation in the upper back paraspinal muscles, and there is rib tenderness present. Range of motion is normal. She has tenderness to palpation of the paraspinal neck muscles, and cervical range of motion of the neck is limited and painful. There is tenderness to the trapezius bilaterally. There is tenderness noted

over the sub occipital muscle insertion, low cervical area-C5-7, and cervical trapezius. Treatment requested is for Fentanyl film ER 25 mcg/hr 1 patch #15 applied topically every 48 hours, and Lumbar epidural steroid injection at L4-5 Qty: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5 qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316, 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4 - L5 under fluoroscopy is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic pain due to trauma; strain sprain lumbosacral; degenerative disc disease; facet arthropathy/lumbar; facet arthropathy/cervical; and fibrositis/rheumatism. The date of injury is February 21, 2013. The request for authorization is June 17, 2015. According to a May 11, 2015 progress note, the injured worker's subjective symptoms include low back pain that radiates to the bilateral lower extremities. Pain score is 9/10. There has been no magnetic resonance imaging scanning of the low back/lumbar spine. Objectively, there is tenderness palpation of the paraspinal muscle groups in the cervical and lumbar region. Range of motion is decreased. There are no motor deficits. There are no sensory deficits. There is no objective documentation of radiculopathy on physical examination. According to the utilization review, the injured worker has had multiple epidural steroid injections. The documentation does not contain documentation reflecting objective functional improvement, percentage reduction in pain and a timeframe for reduction in pain. The documentation indicates the injured worker responded positively to epidural steroid injections in the past, but have been less effective lately. Consequently, absent clinical documentation reflecting objective functional improvement from prior epidural steroid injections, documentation indicating epidural steroid injections have been less effective lately, no objective evidence indicating percentage improvement and timeframe, no objective

documentation of radiculopathy on physical examination, lumbar epidural steroid injection at L4-L5 under fluoroscopy is not medically necessary.

Fentanyl film ER 25 mcg/hr 1 patch #15 applied topically every 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fentanyl film ER 25 g/hour, one patch applied topically every 48 hours, #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain due to trauma; strain sprain lumbosacral; degenerative disc disease; facet arthropathy/lumbar; facet arthropathy/cervical; and fibrositis/rheumatism. The date of injury is February 21, 2013. The request for authorization is June 17, 2015. According to a May 11, 2015 progress note, the injured worker's subjective symptoms include low back pain that radiates to the bilateral lower extremities. Pain score is 9/10. There has been no magnetic resonance imaging scanning of the low back/lumbar spine. Objectively, there is tenderness palpation of the paraspinal muscle groups in the cervical and lumbar region. Range of motion is decreased. There are no motor deficits. There are no sensory deficits. There is no objective documentation of radiculopathy on physical examination. Fentanyl 12 g per hour one patch every 48 hours was started May 11, 2015. According to a June 10, 2015 progress note, the injured worker noted some improvement with the fentanyl 12 g per hour patch, but is now requesting a higher dose. Fentanyl patch is indicated every 72 hours. The treating provider has prescribed fentanyl patch every 48 hours. The documentation does not address tapering or discontinuation of Norco or Ultram (taken occasionally). There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There is no documentation that demonstrates objective functional improvement with fentanyl 12 g (started May 11, 2015 and reevaluated June 10, 2015). Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments, risk assessments and a clinical rationale for fentanyl patch every 48 hours (instead of the indicated 72 hour), fentanyl film ER 25 g/hour, one patch applied topically every 48 hours, #15 is not medically necessary.