

<b>Case Number:</b>	CM15-0145356		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/21/1998
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 65-year-old female who sustained an industrial injury on 07-21-1998. Mechanism of injury was a fall down steps, injuring her right knee, lumbar spine and right hip. Diagnoses include post laminectomy syndrome, right sacroiliac joint dysfunction, and osteoarthritis of her bilateral knees. Treatment to date has included diagnostic studies, medications, multiple back surgeries, knee surgeries, physical therapy, injections, activity modifications, spinal cord stimulator that was later removed, and home health aide services. She is not working she is retired. Magnetic Resonance Imaging of the left knee done on 05-21-2015 shows at least one loose body present in the joint measuring approximately 4-5 mm. The lesion lies anterior to the ACL insertion. Small fillings defects are seen in the suprapatellar pouch as well, likely representing loose bodies. There is moderate articular cartilage loss over the femur and to a lesser degree the patella. A physician progress note dated 06-22-2015 documents the injured worker complains of low back pain with pain radiating into both lower extremities. She recently had a second S1 injection and there has been no further improvement. Her pain is diffuse over her low back and radiates into both hips and complains of weakness in her legs. On Fentanyl 50mcg she still has pain that she rates as 8-10 out of 10. The Flexeril has not helped with her spasms. She is having more pain in her left knee and it so be seen by an orthopedist. She has gait disturbance and numbness in her extremities. Lumbar range of motion is restricted. Straight leg raise is positive in both the left and right. She has pain to palpation extensively over the lumbar intervertebral disc space at approximately L3 to the sacrum, which is worse with range of motion, and the pain radiates in to the bilateral paraspinal muscles. The treatment plan includes caudal epidural steroid injection under MAC sedation, stopping Flexeril, and resuming the Soma. Treatment requested is for Increase Fentanyl to 75 mcg every 72 hours.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Increase Fentanyl to 75 mcg every 72 hours: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 65-year-old patient complains of pain in lower back radiating to bilateral hips, rated at 8-10/10, as per progress report dated 06/22/15. The request is to Increase Fentanyl Patch to 75 mcg every 72 hours. There is no RFA for this case, and the patient's date of injury is 07/21/98. Current medications including Fentanyl dermal patch and Flexeril, as per progress report dated 06/22/15. The patient is status post right total knee arthroplasty with revision, status post multiple arthroscopies of the left knee, and status post lumbar spine surgery with revision, as per progress report dated 06/03/15. Diagnosis also included left knee degenerative joint disease. The patient is temporarily totally disabled and cannot work, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the patient has been using Fentanyl patch at least since 02/18/15. The 02/18/15 documents the use patch at 12mcg/hr, one patch every 72 hours. In progress report dated 03/09/15, the treater states that the patient stopped Dilaudid and increased Fentanyl to 50 mcg/72 hrs and "found it to be effective. It provides for round the clock pain relief. VAS scores have been steadier and she endorses fewer episodes of breakthrough pain". As per progress report dated 04/06/15, UDS from March 2015 was consistent. CURES report from 05/04/15 progress report was appropriate as well. The treater is requesting for increase of Fentanyl patch to 75 mcg every 72 hours in progress report dated 06/22/15. The treater, however, does not document change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function, as required by MTUS for continued opioid use. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited". Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.