

<b>Case Number:</b>	CM15-0146661		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 sustained an industrial injury on 01-12-2001. On provider visit dated 06-29-2015 the injured worker has reported back pain. On examination of the lumbar spine revealed tenderness to palpation on the right paraspinal region at L5. A decreased sensation of the knee and medial leg at L4 was noted under the neurological system exam. The diagnoses have included chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included medication listed as Fentanyl transdermal patch, Hydrocodone-Acetaminophen, Ibuprofen, Lidocaine patch, Ondansetron HCL, Omnipaque, Prednisone, Tamsulosin ER and Zytiga. The injured worker work status was noted as permanent and stationary. The provider requested refill of Hydrocodone-Acetaminophen and Fentanyl transdermal patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Hydrocodone/Acetaminophen 10/325 mg Qty 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2001 and continues to be treated for chronic back pain with radiating lower extremity symptoms and has a diagnosis of post laminectomy syndrome. Medications are referenced as decreasing pain from 10/10 to 3/10. When seen, there was lumbar paraspinal muscle tenderness in and decreased lower extremity sensation. Medications were refilled. Fentanyl and hydrocodone/acetaminophen were prescribed at a total MED (morphine equivalent dose) of 170 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.

**Refill of Fentanyl transdermal patch 50 mg Qty 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2001 and continues to be treated for chronic back pain with radiating lower extremity symptoms and has a diagnosis of post laminectomy syndrome. Medications are referenced as decreasing pain from 10/10 to 3/10. When seen, there was lumbar paraspinal muscle tenderness in and decreased lower extremity sensation. Medications were refilled. Fentanyl and hydrocodone/acetaminophen were prescribed at a total MED (morphine equivalent dose) of 170 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.