

<b>Case Number:</b>	CM15-0181070		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on November 16, 2000. The injured worker was diagnosed as having status post lumbar laminectomy, lumbar facet arthropathy, and lumbosacral spine spondylosis without myelopathy. Treatment and diagnostic studies to date has included laboratory studies, home exercise program, physical therapy, acupuncture, epidural injection, status post replacement of a spinal cord stimulator, medication regimen, status post lumbar facet rhizotomies, use of an electric wheelchair, and use of a walker. In a progress note dated August 12, 2015 the treating physician reports complaints of "severe", chronic, constant, stabbing, exhausting, intermittent, aching, throbbing, and tiring pain to the low back. Examination performed on August 12, 2015 was revealing for tenderness on palpation of the lumbar and sacral spine, positive straight leg raise to the left lower extremity, tenderness to the lumbar and sacral paraspinal muscles, spasms to the bilateral lumbar spine, and a "global" decrease in strength. On August 12, 2015, the injured worker's medication regimen included Fentanyl Patches, Oxycodone HCl, and Ambien. On August 12, 2015, the injured worker's pain level was rated a 10 out of 10 without the use of her medication regimen and was rated a 5 out of 10 with the use of her medication regimen. The treating physician noted that during this visit the injured worker had an increase in mobility, tolerance to activities of daily living, and a tolerance to her home exercise program with the use of her medication regimen. On August 12, 2015, the treating physician noted prior epidural injections with an unknown quantity, but the progress note did not indicate if the injured worker experienced any decrease in pain as noted on a visual analog scale or functional improvement secondary to prior epidural

injections. The treating physician also noted that the injured worker had prior lumbar facet rhizotomies of an unknown quantity that were noted to have "helped" the injured worker, but the progress note did not indicate if the injured worker experienced any decrease in pain as noted on a visual analog scale or functional improvement with prior lumbar facet rhizotomies. On August 12, 2015, the treating physician requested the medication of Fentanyl 12mcg per hr with a quantity of 10 noting current use of this medication and a medial branch block of the lumbar spine at bilateral lumbar three, lumbar four, and lumbar five injections, but the progress note did not indicate the specific reason for the requested procedure. On September 01, 2015 the Utilization Review denied the request for medial branch block of the lumbar spine at bilateral lumbar three, lumbar four, and lumbar five injections and the medication of Fentanyl 12mcg per hr with a quantity of 10.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Injection Medial Branch Block at Bilateral L3, L4, and L5, Lumbar Spine: 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 Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** In this case, the claimant has radiculopathy and underwent prior facet rhizotomies. Medial Branch Blocks (MBB) are only indicated in without radiculopathy. The ACEOM guidelines do not recommend MBB doi to their short-term benefit. The request for the MBB does not meet the guidelines criteria and are not medically necessary.

#### **Fentanyl 12mcg/Hr #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that 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. In this case, the claimant had been on Oxycodone- a short acting opioid. The claimant had been on the medications for months. There was no indication weaning attempt or failure of long-acting oral medication options. Continued use of Fentanyl is not medically necessary.