

Case Number:	CM15-0190395		
Date Assigned:	10/02/2015	Date of Injury:	06/16/2008
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 53 year old male with an industrial injury dated 06-16-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with left lower extremity radicular pain, status post lumbar spine surgery 5-6 times, and status post lumbar spine infection in 2014 and 2015. According to the progress note dated 08-17-2015, the injured worker reported low back pain with radiation to the left leg. Pain level was 4-6 out of 10 on a visual analog scale (VAS) with pain medication. Exacerbating factors include sitting, standing and walking. Alleviating factors include resting, lying down and pain medication. The injured worker reported limitation with his work sleep and daily activities due to pain. Current medications include Fentanyl patch 50mcg, Norco, Naprosyn 500mg, Lunesta 1 mg and Aspirin. Objective findings (08-17-2015) revealed tenderness to palpitation in the midline of lumbar spine along scar tissue, tenderness to palpitation along the lower lumbar area on the left, tenderness to palpitation of the left buttock, decrease sensation in the left anterior lateral thigh, calf and foot at L4-L5 nerve distribution. There was also limited lumbar range of motion with discomfort. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine dated 07-02-2015, prescribed medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, multiple lumbar spinal surgeries and periodic follow up visits. The treatment plan included medication management including the discontinuation of Norco, urine drug screen next visit, and follow up visit after insurance approval. Medical records (08-17-2015) indicate that the injured worker has been on Fentanyl for a few months. The treating physician prescribed services for Fentanyl patch 50mg topical with a quantity 72h. The

utilization review dated 08-31-2015, non- approved the request for Fentanyl patch 50mg topical with a quantity 72h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mg topical with a quantity 72h: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating to the left leg. The request is for Fentanyl Patch 50mg topical with a quantity 72h. The request for authorization is dated 08/24/15. The patient is status post lumbar spine surgeries, 2009, 201, 2012, 2014 and 2015. Physical examination reveals his skin has surgical scar over the midline of lumbar spine. Palpation of the lumbar spine elicits moderate tenderness in the midline of lumbar spine along scar tissue. Palpation of the lumbar paraspinal muscle elicits moderate tenderness in the lower lumbar area on the left. Palpation of the buttock elicits mild tenderness on the left. Discogenic stress maneuvers were pain provoking. Sensation was decreased to pinprick in the left anterior lateral thigh, calf and foot which is L4 and L5 nerve distribution. Range of motion is limited. He states he tried physical therapy. He states he got home TENS units from yard sale which is helpful for his pain, but he has no more pads. Patient's medications include Fentanyl Patch, Norco, Naprosyn, Lunesta, and Aspirin. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per progress report dated 08/17/15, treater states, "He states he has been on Fentanyl patch for few months." In this case, treater has not stated how Fentanyl reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.