

<b>Case Number:</b>	CM15-0022796		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 2/15/2006. On 2/6/15, the injured worker submitted an application for IMR for review of Ibuprofen 800 mg #270, and Fentanyl 50 mcg/hr #15, and Dilaudid 4 mg #180. The treating provider has reported the injured worker complained of pain in the back, knees and feet and the spinal cord stimulator battery is not working any longer. Documentation indicates the injured worker ambulates with crutches, left knee hinged brace with one plus effusion on the right knee with left foot hyperesthesia, allodynia and right lower extremity allodynia, edema and erythema on the dorsal aspect of right foot. The diagnoses have included complex regional pain syndrome lower extremities, severe neuropathic pain, chronic low back pain secondary to lumbosacral degenerative disc disease, chronic pain syndrome, gait dysfunction. Treatment to date has included T12 vertebral compression fracture, bracing, ankle boot, knee brace, lumbar sympathetic blocks, spinal cord stimulator, bilateral knee arthroscopies (left 6/17/11 and right 1/23/12), physical therapy, viscosupplementation injections bilateral knees. On 2/3/15 Utilization Review MODIFIED Ibuprofen 800 mg #270 and Fentanyl 50 mcg/hr #15, and Dilaudid 4 mg #180 to a 10% reduction of the quantity of all three medication monthly. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg #270:** 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 NSAIDS Page(s): 67.

**Decision rationale:** This 49 year old female has complained of bilateral knee pain, lower back pain and foot pain since date of injury 2/15/06. She has been treated with bilateral knee arthroscopic surgery, physical therapy, spinal cord stimulator, nerve blocks and medications to induce NSAIDS since at least 09/2014. The current request is for Motrin. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

**Fentanyl 50 mcg/hr #15:** 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 Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 49 year old female has complained of bilateral knee pain, lower back pain and foot pain since date of injury 2/15/06. She has been treated with bilateral knee arthroscopic surgery, physical therapy, spinal cord stimulator, nerve blocks and medications to induce opioids since at least 09/2014. The current request is for Fentanyl. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl is not indicated as medically necessary.

**Dilaudid 4 mg #180:** 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 Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 49 year old female has complained of bilateral knee pain, lower back pain and foot pain since date of injury 2/15/06. She has been treated with bilateral knee arthroscopic surgery, physical therapy, spinal cord stimulator, nerve blocks and medications to induce opioids since at least 09/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not indicated as medically necessary.