

<b>Case Number:</b>	CM15-0027041		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 60 year old male, who sustained an industrial injury on April 12, 2000. The injured worker was diagnosed as having failed back surgery syndrome, lumbar radiculitis, facet arthropathy of the lumbar spine, sacroiliac joint dysfunction and cervical radiculopathy. Treatment to date has included lumbar spine surgery in 1998 and 2000, home exercise program, moist heat and imaging. An MRI of the lumbar spine is reported as showing mild disc bulge of L3-4 without any clinically relevant stenosis and normal post-operative condition. The MRI shows no changes a L4-S1 and no pathology from L3 up to T10 including conus. Currently, the injured worker complains of low back pain, lower extremity pain and neck pain. The pain is described as sharp, dull, aching, throbbing, pins/needles, stabbing, numbness, burning, stinging, cramping, numbing, weakness and spasm. He rates the pain a 7 on a 10-point scale. The evaluating physician notes that the injured worker continues to obtain functional pain relief with his current medication regimen. His treatment plan included continuation of medications, continuation of home exercise program, moist heat and stretches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75mcg, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

**Decision rationale:** The patient presents with neck and low back pain with lower extremity pain, rated 7/10. The request is for FENTANYL 75MCG, #15. The RFA provided is dated 01/13/15 and the date of injury is 01/12/00. Diagnoses per 12/03/14 report, includes failed back surgery syndrome, lumbar radiculitis, facet arthropathy of the lumbar spine, sacroiliac joint dysfunction, cervical radiculopathy and major depression. Per 01/02/15 treater report, medications include Fentanyl, Methadone, Lidoderm patches, Baclofen, Wellbutrin XL, Meloxicam, Lopid, Clonazepam, Paroxetine, Trazadone HCL, Mobic and Cyclobenzaprine. The patient's work status is unavailable. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. In this case, the patient has been using the Fentanyl patch at least since 07/10/14. In progress report dated 01/02/15, the treater states, "patient reports pain medication reduces pain by 50% and is able to complete his ADL's and stay active." The same report reflects consistent toxicology screenings and CURES report reviewed routinely. MTUS requires appropriate discussion of the 4A's, However, in addressing the 4A's, treater has not discussed how the Fentanyl patches significantly improves patient's activities of daily living with specific examples of ADL's. No validated instruments are used showing functional benefits either. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Methadone HCL 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with neck and low back pain with lower extremity pain, rated 7/10. The request is for METHADONE HCL 10MG, #90. The RFA provided is dated 01/13/15 and the date of injury is 01/12/00. Diagnoses per 12/03/14 report, includes failed back surgery syndrome, lumbar radiculitis, facet arthropathy of the lumbar spine, sacroiliac joint dysfunction, cervical radiculopathy and major depression. Per 01/02/15 treater report, medications include Fentanyl, Methadone, Lidoderm patches, Baclofen, Wellbutrin XL, Meloxicam, Lopid, Clonazepam, Paroxetine, Trazadone HCL, Mobic and Cyclobenzaprine. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 state, "Pain should be

assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been using the Methadone at least since 07/10/14. In progress report dated 01/02/15, the treater states, "patient reports pain medication reduces pain by 50% and is able to complete his ADL's and stay active." The same report reflects consistent toxicology screenings and CURES report reviewed routinely. MTUS requires appropriate discussion of the 4A's, However, in addressing the 4A's, treater has not discussed how the Methadone significantly improves patient's activities of daily living with specific examples of ADL's. No validated instruments are used showing functional benefits either. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.