

Case Number:	CM15-0220960		
Date Assigned:	11/19/2015	Date of Injury:	12/21/2001
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 72-year-old female who sustained an industrial injury on 12/21/01. Injury occurred when she tripped and fell over a file drawer. Past surgical history was positive for multiple lumbar fusion and revision procedures with fusion noted from L4 to S1, placement of a thoracic spinal cord stimulator on 2/17/12, and placement of a bladder stimulator. Past medical history was positive for non-Hodgkin's lymphoma and hypertension. The 2/20/14 psychological evaluation report indicated that the injured worker appeared to be an adequate candidate from a psychological perspective for an indwelling pain pump. The 6/17/15 treating physician report indicated that the injured worker had failed back surgery, spinal cord stimulator, and conservative treatment. She had a history of chronic and aching low back pain in the setting of lumbar facet osteoarthritis and degenerative disc disease. She had a morphine pump trial with a single shot of spinal morphine that was about 30% equivalent to her oral pain medications. She had good benefit with 75% less pain for the first day, 50% the second day, and 30% the third day. The 10/12/15 treating physician report cited 10/10 low back pain without medications. Batteries were dead in both of her stimulators and she was unable to do any activities of daily living without severe pain. There was also depression due to pain and situational factors (recent death of her husband). Current medications included oxycodone, ibuprofen, Wellbutrin, Lorazepam (Ativan), and Fentanyl patch every 48 hours. Physical exam documented a forward flexed posture with antalgic gait and ambulation with a cane. There was severe lumbosacral tenderness, positive bilateral straight leg raise, decreased lumbar range of motion, and hypoaesthesia both feet. There was dysesthesia of the groin, right leg to the foot, and

left leg to the anterior and posterior knee. She has a spinal cord stimulator and bladder stimulator and the batteries are dead in both so they did not provide any stimulation or pain relief. She had skin irritation with the Fentanyl patches but they did help with her pain. She was taking Percocet and ibuprofen along with the Fentanyl patches to be able to get up and about and be active. She definitely had functional benefit with medication. Conservative treatment measures included heat, ice, rest, and gentle stretching and exercise. Authorization was requested for continued chronic pain medication maintenance regime that provided reduction of pain, increased activity tolerance, and restoration of partial overall functioning that allow her to complete necessary activities of daily living. Temporary use of medications was needed until spinal cord stimulator batteries are replaced and with more permanent treatment such as a pain pump. There was psychological clearance for the pain pump and psychological counseling was being requested for depression due to pain. Authorization was requested for a pain pump and spinal cord stimulator batteries. Authorization was requested for Fentanyl patch 100 mg #15, Ativan 1 mg #30, and permanent spinal pain pump implant. The 10/22/15 utilization review modified the prescription for Fentanyl patch 100 mg #15 to #10 consistent with on-label use of this medication for one month and to allow time to convert to an alternative medication that can be tapered as Fentanyl was not reported as effective. The request for Ativan 1 mg #30 was non-certified as there was no rationale for the prescription of this medication and it did not appear that she was currently taking this medication. The request for permanent spinal pain pump implant was non-certified as previous trials of spinal opiates did not appear to have been successful as pain relief reports were inconsistent and there was no documentation of functional improvement or reduction of oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Fentanyl patch 100mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

Decision rationale: The California MTUS supports the use of Fentanyl transdermal patches for the management of persistent chronic moderate to severe pain requiring continuous around-the-clock pain that cannot be managed by other means (e.g. NSAIDs). Patches are worn for a 72-hour period. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This injured worker presents with failed back surgery syndrome and severe function-limiting low back pain. She reported pain relief and functional benefit when the Fentanyl patches were combined with Percocet. She was reporting skin irritation with the patches. The current prescription for one Fentanyl patch every 48 hours exceeds on label use. The 10/22/15 utilization review modified the prescription for Fentanyl patch 100 mg #15 to #10 consistent with on-label use of this medication for one month and to allow time to convert to an alternative medication that could be tapered as Fentanyl was not reported as effective. There is no compelling rationale to support the medical necessity of Fentanyl use in an off label manner. Therefore, this request is not medically necessary.

1 prescription for Ativan 1mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Benzodiazepine (2015).

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines, such as Ativan, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Guidelines limit their use to 4 weeks and indicate that they are the treatment of choice in very few conditions. Long-term use may actually increase anxiety. The Official Disability Guidelines do not recommend benzodiazepines for long-term use unless the patient is being seen by a psychiatrist. Tapering of this medication is required if used for greater than 2 weeks. This injured worker presents with failed back surgery syndrome and severe function-limiting low back pain. She has significant depression and anxiety at present due to her pain, the recent death of her husband, and loss of her support system. Records indicate that Lorazepam (Ativan) has been prescribed at bedtime since at least 4/15/15. Guidelines do not support long term use of this medication but also require tapering if used for greater than 2 weeks. Continuation of this medication to allow for tapering is medically appropriate. Therefore, this request is medically necessary.

1 permanent spinal pain pump implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications.

Decision rationale: The California MTUS guidelines recommend implantable drug-delivery systems (IDDSs) only as an end-stage treatment alternative for selected patients after a failure of at least 6 months of less invasive methods, and following a successful temporary trial. Guidelines do not generally support chronic use, as long term efficacy has not been convincingly proven. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Permanent implantation is an option when specific criteria are met including a temporary trial of spinal opiates with 50-75% reduction in pain and documentation of functional improvement and associated reduction in oral pain medication use. Guideline criteria have not been fully met. This injured worker presents with failed back surgery syndrome and severe function-limiting low back pain. She reportedly has inadequate pain control and functional benefit with current medications, although medications allow her to perform her necessary activities of daily living. She also had a spinal cord stimulator implant that was not working due to dead batteries with request noted for replacements. Psychological clearance is

noted for the use of an implantable pain pump. She underwent a morphine pump trial with a single shot of spinal morphine that was about 30% equivalent to her oral pain medications. She had good benefit with 75% less pain for the first day, 50% the second day, and 30% the third day. However, there was no documentation of functional benefit or associated reduction in pain medications. Therefore, this request is not medically necessary.