

<b>Case Number:</b>	CM15-0222999		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/02/2000
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old female with an industrial injury date of 08-02-2000. Medical record review indicates she is being treated for spinal stenosis of lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbago, and lumbar radiculopathy, degeneration of lumbar intervertebral disc, sacroiliac joint somatic dysfunction and arthropathy of lumbar facet joint. Subjective complaints (09-25-2015) included low back and bilateral leg pain rated as 5-6 with medications and 7-8 without medications. She stated physical therapy had helped her reduce her pain by 50%. She reported the benefit of chronic pain medication maintenance regimen, activity restriction and rest continued to keep pain within a manageable level to allow her to complete necessary activities of daily living. The treating physician documented the injured worker's pain condition was moderately to significantly impacting her work concentration, mood, sleeping pattern and overall functioning. "She is able to do her shopping for about 20 minutes before resting, but is unable to do any vacuuming or dusting." Current medications included Lidoderm patch, Celebrex, Fentanyl patch (since at least 04-24-2015), Klonopin and Cymbalta. Prior treatment included medication, epidural injection, heat, ice, rest and gentle stretching exercise. Physical exam (09- 25-2015) noted tenderness and tightness across the lumbosacral area. Right hip was tender laterally on palpation. Straight leg raising was mildly positive. Positive flexion was 50% restricted, extension 90% restricted, lateral bending to the right 50% restricted and lateral bending to the left was 30% restricted. Pain

agreement or urine drug screen are not indicated in the review of medical records. On 10-13-2015 the request for Fentanyl patch 12 mcg per hour, 1 patch to skin every 48 hours #10 was modified by utilization review to Fentanyl Patch 12 mcg per hour, 1 patch to skin every 48 hours #5 by utilization review.

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

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

#### **Fentanyl Patch 12 mcg/hr, 1 patch to skin every 48 hours, #10: Overturned**

**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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long- term assessment, Opioid hyperalgesia.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for chronic low back pain with diagnoses of lumbar degenerative disc disease and sacroiliac joint dysfunction. In June 2015, medications were decreasing pain from 10/10 to 8/10. Fentanyl was being prescribed at 50 g. In July 2015, she had continued physical therapy including water therapy which had been "fantastic." Her Fentanyl dose was decreased to 25 g. When seen in September 2015 she had completed physical therapy treatments. She had pain rated at 7-8/10, which was decreased to 5-6/10 with medications. Physical examination findings included lumbar spine tenderness and tightness. There was right lateral hip tenderness. She had positive straight leg raising. There was restricted lumbar spine range of motion. Her Fentanyl dose was decreased to 12g. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. There is good evidence of continued weaning to the lowest effective dose, especially after the reported improvement with recent physical therapy treatments. An alternative explanation would be opioid hyperalgesia and continued weaning should be considered. The request is considered appropriate and medically necessary.