

Case Number:	CM15-0032540		
Date Assigned:	02/26/2015	Date of Injury:	10/06/2001
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 48 year old female who sustained an industrial injury on 10/06/2001. She has reported pain in the lower back described as burning, anterior and lateral thighs described as burning, pins and needles, and pain in the outside margin of both feet described as tingling. Diagnoses include major depressive disorder, 1 episode severe without mention of psychotic behavior; anxiety state, unspecified; depressive disorder, not elsewhere classified; lumbago. Treatments include an earlier back surgery, epidural injections, and current medications of Tizanide, Lorazepam, Fentanyl, and Dilaudid. A progress note from the treating provider dated 01/20/2015 indicates the worker is stable on current medications and dosage. On examination, she had negative straight leg raise, positive Tinel over the post tibial and negative Tinel at the ankle. Pain was present on palpation over the distal foot. The symptoms were considered focal, but spinal radiculopathy was not ruled out. The worker condition was considered permanent and stationary as far as her work status was concerned. Treatment included medications and stretches. A MRI done 01/08/2014 showed postoperative changes of posterolateral and intervertebral body fusion with laminectomy with no significant canal or foraminal stenosis, and L4-5 had mild to moderate central canal and bilateral foraminal stenosis with mild narrowing of the lateral recesses. On the 01/20/2015 Physician Progress Report, the care provider noted there was increased pain with all activity, but there was also a 33% improvement in her pain in general as rated on a visual analog scale. Treatment plan includes medications and stretching exercise. On 01/27/2015 Utilization Review non-certified a request

for Dilaudid 8mg #120. The MTUS Guidelines were cited. On 01/27/2015 Utilization Review non-certified a request for Fentanyl 75mg #15 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:

Fentanyl 75mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-87.

Decision rationale: The injured worker sustained a work related injury on 10/06/2001. The medical records provided indicate the diagnosis of major depressive disorder, 1 episode severe without mention of psychotic behavior; anxiety state, unspecified; depressive disorder, not elsewhere classified; lumbago. Treatments include an earlier back surgery, epidural injections, and current medications of Tizanide, Lorazepam, Fentanyl, and Dilaudid. The medical records provided for review do not indicate a medical necessity for Fentanyl 75mg #15. The requested dose of opioids exceeds the maximum 120 morphine equivalents per day recommended by the MTUS. Also, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain or function. The records indicate the injured workers pain had increase and is worse with every activity.

Dilaudid 8mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81-87.

Decision rationale: The injured worker sustained a work related injury on 10/06/2001. The medical records provided indicate the diagnosis of major depressive disorder, 1 episode severe without mention of psychotic behavior; anxiety state, unspecified; depressive disorder, not elsewhere classified; lumbago. Treatments include an earlier back surgery, epidural injections, and current medications of Tizanide, Lorazepam, Fentanyl, and Dilaudid. The medical records provided for review do not indicate a medical necessity for Dilaudid 8mg #120. The requested dose of opioids exceeds the maximum 120 morphine equivalents per day recommended by the MTUS. Also, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain or function. The records indicate the injured workers pain had increase and is worse with every activity.

