

<b>Case Number:</b>	CM15-0036701		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on 9/12/1997. The mechanism of injury was not noted. The diagnoses have included chronic pain syndrome. Treatment to date has included surgical and conservative measures. Prior trigger point injections to the lumbar spine were noted for 9/11/2012 (90% relief of lumbar spasm activity and spasm related pain) and 1/19/2012 (near complete relief of lumbar spasm activity and decreased low back pain and increased functional capacity). Currently, the injured worker complains of muscle spasms to the left lower back area. Stellate ganglion block right T1 and C7 were documented on 1/13/2015, with pain reduction 90-100%, improved functionality, and decreased narcotic pain usage. She reported that Fentanyl was used at 75mcg/hr (every 3-4 days), and reported some days she did not bother to put the patch on at all, reporting good pain relief from Aleve. She was documented as having #10 Fentanyl patches remaining. Objective findings were not documented. Urine drug screen reports were not noted. Radiographic imaging reports were not noted. Treatment plan included Fentanyl 50mcg/hr patch every 72 hours and trigger point injections to the left paraspinal muscles in the left lower lumbar region. On 2/19/2015, Utilization Review non-certified a request for Fentanyl 50mcg (#10), and non-certified a request for 6 trigger point injections to left paraspinal muscles, in the left lower lumbar region, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50 mcg #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Fentanyl for over a year. In 3/3/14, the pain was 3/10. Recent pain scores were not provided, but the claimant received 90% benefit from stellat ganglion blocks and significant relief from a spinal cord stimulator. There was no indication for prolonged use of Fentanyl if the pain was adequately controlled with other interventions. There was no mention of a weaning trial. Continued use of Fentanyl is not medically necessary.

**6 TPIT to left paraspinal muscles in the left lower region: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore, the request for 6 lumbar trigger point injections is not medically necessary.