

<b>Case Number:</b>	CM14-0138756		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old female who sustained an injury on 01/08/03 when she fell on concrete. The injured worker is status post lumbar fusion from L4-5 and recently underwent hardware removal on 12/19/13. The injured worker was using Fentanyl transdermal patches for pain. Other medications have included Percocet, Ambien, and Neurontin. There was recent physical therapy and the use of trigger point injections in 2014. The injured worker's urine drug screen noted consistent findings for Percocet; however, Fentanyl was not tested. The injured worker did recently undergo lumbar intra-articular facet blocks on 06/23/14 from L3-5 that resulted in significant improvement in pain. The 07/15/14 clinical report noted that the injured worker had continuing efficacy from medications to include Fentanyl at 87mcg/hr, Robaxin, Neurontin, Ambien, and Percocet 10/325 q6h. The injured worker's physical exam was limited with no specific findings reported. The followed up on 07/28/14 noted that the injured worker was requesting additional trigger point injections due to increased pain. The physical exam noted severe tenderness to palpation in the lumbar spine. Trigger point injections were completed. The injured worker's medications and requested radiofrequency ablation procedures in the lumbar spine were denied on 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation at L3, L4 and L bilaterally: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** In review of the clinical documentation provided, the requested radiofrequency ablation procedures at L3-4 and L4-5 would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker had intra-articular facet injections performed on 06/23/14. There is no indication that actual medial branch blocks were performed that resulted in at least 70% of relief as recommended by guidelines. Per current evidence based guidelines, if there is a response to intra-articular injections then medial branch blocks should be performed. As such, this reviewer would not have recommended this request as medically necessary.

**Tegaderm Dressing #15 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Wound care

**Decision rationale:** In review of the clinical documentation provided, the requested Tegaderm dressing quantity 15 with 5 refills would not be supported as medically necessary per current evidence based guideline recommendations. Tegaderm dressing can be used for wound management; however, the clinical documentation provided for review does not identify any specific concerns regarding any ongoing wounds that would reasonably require this type of wound care. As such, this reviewer would not have recommended this request as medically necessary.

**Fentanyl 12mcg/hr #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation provided, the requested Fentanyl 12mcg/hr quantity 15 would not be supported as medically necessary per current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-

taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (208 for Fentanyl and 60 for Percocet) is not within guideline endorsement of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, [REDACTED] report, or urine drug screen submitted for review for this medication to indicate lack of drug misuse/abuse. As such, this reviewer would not have recommended this medication as medically necessary.

**Fentanyl 75mcg #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation provided, the requested Fentanyl 75mcg/hr quantity 10 would not be supported as medically necessary per current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (208 for Fentanyl and 60 for Percocet) is not within guideline endorsement of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, [REDACTED] report, or urine drug screen submitted for review for this medication to indicate lack of drug misuse/abuse. As such, this reviewer would not have recommended this medication as medically necessary.

**Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation provided, the requested Percocet 10/325mg quantity 120 would not be supported as medically necessary per current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (208 for Fentanyl and 60 for Percocet) is not within guideline endorsement of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, or [REDACTED] report submitted for review for this medication to indicate lack of drug misuse/abuse. As such, this reviewer would not have recommended this medication as medically necessary.

