

Case Number:	CM14-0041493		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2011
Decision Date:	09/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 California and Nevada. 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 39 year old female who had a work related injury on 05/04/11. The mechanism of injury was not documented. The most current medical record submitted for review is dated 04/15/14. She presents with pain in the back and right leg since the injury of 05/04/11. In August of 2013, she underwent hardware removal from her spine. There was no improvement. Her physical therapy started last Friday. Has constant pain in the back which is rated 8 on a scale of 0-10. Aggravated by certain movements, bending, lifting, and reaching. Symptoms are relieved with rest. Pain in the right foot up to the knee. Pain is constant and is rated 7 on a scale of 0-10. On physical examination, the injured worker is alert and cooperative and appears to be in no acute distress. She rises from the chair with minimal use of the side arms and ambulates with reciprocal heel toe gait. She is able to stand on her toes and heels, able to deep knee bend and recover without difficulty. There is a negative Trendelenburg's sign. Range of motion of the lower back is 15 degrees of flexion, 10 degrees of extension, left flexion is 70 degrees. Right flexion is 4 degrees. She has tenderness over the lumbosacral spine and paraspinal muscles. She has 2 scars over the lumbar spine. Knee jerks are sluggish and symmetrical on both sides. Ankle jerks are absent and symmetrical on both sides. She has a negative sitting Lesegue's sign. With the injured worker recumbent, straight leg raising test is allowed up to 70 degrees bilaterally. Lesegue's is negative on both sides. Decreased sensation in the right leg below the knee. Range of motion of the knees, hips, and ankles is full. Strength of the EHL is 5/5. Muscle strength for the flexor hallucis longus is 2-3/5. The injured worker may not have been putting forth maximum effort. Normal peripheral pulses. Diagnoses status post anterior posterior lumbar fusion at L4-5 and L5-S1. Status post removal of the hardware in the lower back. Status post previous lumbar laminectomy at L4-5 and L5-S1. Resolved sprain and contusion both knees. Resolved contusion both hands. Prior utilization review on 03/04/14 the

number of Fentanyl patches as well as the number of Dilaudid was decreased by half to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fentanyl patch 75 mcg every 48 hours #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for 1 Fentanyl patch 75 mcg every 48 hours #15 is not medically necessary. . Prior utilization review on 03/04/14 was decreased by half to initiate weaning. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such, medical necessity has not been established.

Dilaudid 4 mg, one four times daily, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Prior utilization review on 03/04/14 was decreased by half to initiate weaning. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such, medical necessity has not been established.