

<b>Case Number:</b>	CM14-0090845		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/23/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 49 year old male who had a work related injury on 03/23/04. The injured worker had lifted a length of steel to release a fellow worker whose arm was strapped and heard a crack in his lower back and noted pain. MRI on 12/13/05 showed mild disc desiccation at L4-5 with moderate loss of disc height as well as moderate bilateral facet and ligamentum flavum hypertrophy with moderate disc desiccation central annular tear at L5-S1. In July of 2006 he had undergone 2 level anterior interbody fusion. He had developed impotence, depression, abdominal pain, and hemorrhoids. In January of 2009 he had begun to develop an increase in pain in the low back. An injection in the SI joint in 2007 had relieved approximately 50% of his symptoms. A left sacroiliac joint fusion was carried out on 02/28/08. In October of 2008 he had removal of hardware. A follow up MRI of his lumbar spine showed fusion from L4 to S1. The injured worker then had a total knee replacement in the left knee but he continued to have ongoing left knee pain since that time. The most recent clinical record submitted for review is dated 06/03/14. The injured worker is in today for follow up. He is quite miserable due to inadequate pain control and withdrawal from his medication. He has severe pain in his left lower extremity and had a 2nd opinion and was ultimately recommended to have a left knee revision. His knee pain is most bothersome to him, but this changes his gait and therefore contributes to increased back pain. A physical examination revealed that the lower extremity pulses are 2+ bilaterally, there is lumbar spine reproducible midline tenderness to the paraspinal areas of the lower lumbar spine and flexion is 25% of normal. The patient's extension past neutral causes increased back pain. The patient had a negative Shear test, a negative Fabre test, a negative straight leg test, and a negative lateral leg raise test bilaterally. No tenderness to the PSIS bilaterally. Antalgic gait favoring his left knee. No gross motor or sensory deficits in the lower extremities. Reflexes in the patella are 2+ on the right and 1+ on the left. Achilles reflexes are not able to be elicited on physical

examination. Diagnoses status post left knee replacement with persistent pain. Prior utilization review on 06/06/14 was modified to initiate weaning.

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

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

**FENTANYL PATCH 25MCG #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 78.

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

**Decision rationale:** 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. Prior utilization review on 06/06/14 was modified to initiate weaning. Therefore, medical necessity has not been established.

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

**Decision rationale:** 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. Prior utilization review on 06/06/14 was modified to initiate weaning. Therefore, medical necessity has not been established.