MAXIMUS Federal Services

Case Number:	CM14-0093106		
Date Assigned:	07/25/2014	Date of Injury:	12/11/2008
Decision Date:	06/12/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 47 year old male, who sustained an industrial injury on December 11, 2008. He reported lifting a heavy object with a coworker, when the coworker slipped and let go, causing severe sprain and snapping sensation in his back, with immediate pain. The injured worker was diagnosed as having chronic pain syndrome, lumbar disc displacement with radiculitis, lumbosacral spondylosis without myelopathy, lumbar region postlaminectomy syndrome, adjustment disorder with mixed anxiety and depressed mood, diabetes mellitus type II, hyperlipidemia, and abnormal results of liver function study. Treatment to date has included physical therapy, epidural injections, spinal blocks, lumbar fusion, x-rays, MRIs, electromyography (EMG)/nerve conduction study (NCS), functional restoration program, and medication. Currently, the injured worker complains of bilateral lower back pain and pain down the entire left leg to his great toe with numbness and tingling. The Treating Provider's report dated June 4, 2014, noted the injured worker's current medications as Lovastatin, Wellbutrin, Glucophage, Acarbose, Glipizide, Lidoderm patches, Lyrica, Doc-Q-Lace, Flexeril, Omeprazole, Trazodone, Celexa, Protonix, Lantus, and Norco. Physical examination was noted to show flattening of normal lumbar lordosis, with spine extension restricted and painful, and paraspinal muscle tightness present over the thoracic and lumbar spine. Straight leg raise was noted to be positive bilaterally, with piriformis tenderness bilaterally, and thoracic spine and bilateral lower back tenderness. The Provider noted the injured worker was using his medications appropriately to stay active and maintain functionality, with an opiate risk assessment completed and a narcotic

agreement in place. The treatment plan was noted to include an increase in the Norco, continued Flexeril, Lyrica, Lidoderm patches, and start of Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 25mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors.The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. The request is not medically necessary.