

<b>Case Number:</b>	CM15-0003492		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/29/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old female, who sustained an industrial injury on 8/29/2003. Diagnoses include Complex Regional Pain Syndrome (CRPS) and left foot with Achilles contracture. Treatment to date has included medications including Fentanyl patch, Keppra, Dilaudid, Cymbalta, Ketamine cream, Klonopin and Soma, physical therapy and a spinal cord stimulator. Per the handwritten Primary Treating Physician's Progress Report dated 11/19/2014, the injured worker reported concern because Dilaudid and Soma have been denied. Per the note, he has been stable on prescribed medications greater than one year. These medications increase function, sleep and quality of life. Pain level is currently rated as 4/10 and greater than 10/10 without medications. Physical examination revealed an antalgic gait. She was alert and oriented, in no acute distress and grossly neurologically intact. The plan of care included oral and transdermal medication and physical therapy. Authorization was requested for Cymbalta 30mg #30, Fentanyl patch 100mg/hr #10 and (2x4) 8 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 100mg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Duragesic (fentanyl transdermal system).

**Decision rationale:** The injured worker sustained a work related injury on 8/29/2003. The medical records provided indicate the diagnosis of Complex Regional Pain Syndrome (CRPS) and left foot with Achilles contracture. Treatment to date has included medications including Fentanyl patch, Keppra, Dilauded, Cymbalta, Ketamine cream, Klonopin and Soma, and a spinal cord stimulator. The medical records provided for review do not indicate a medical necessity for Fentanyl patch 100mg #10. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The MTUS recommends against the use of more than 120 morphine equivalents per day. The medical records indicate she has been using opioids for a very long time. Currently, she is on more than 200 morphine equivalents in a day; there is no evidence that pain and functional improvement levels are being compared with baseline levels every six months, as recommended by the MTUS. The Official Disability Guidelines does not recommend the use of this medication for first line therapy, due to several side effects.

**8 sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Physical therapy Page(s): 8; 98-99.

**Decision rationale:** The injured worker sustained a work related injury on 8/29/2003. The medical records provided indicate the diagnosis of Complex Regional Pain Syndrome (CRPS) and left foot with Achilles contracture. Treatment to date has included medications including Fentanyl patch, Keppra, Dilauded, Cymbalta, Ketamine cream, Klonopin and Soma, and a spinal cord stimulator. The medical records provided for review do not indicate a medical necessity for 8 sessions of Physical Therapy. The medical records indicate the injured worker has had several physical therapy sessions, and that the physical therapist on 11/5/2014 recommended discontinuation of the physical therapy and discharge to home exercise program as the worker had plateaued. There MTUS recommends a discontinuation of treatment if later assessment indicates it is ineffective.