

Case Number:	CM15-0112419		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

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 male, who sustained an industrial injury on 5/29/09. He reported pain in low back while unpacking boxes. The injured worker was diagnosed as having status post left shoulder surgery, L1-2 laminotomy and microdiscectomy, AC joint arthritis of left shoulder, L4-S1 annular tear with facet arthropathy, left shoulder impingement syndrome, bilateral hip degenerative joint disease, depression, status post right sided L1-3 laminotomy and microdiscectomy, right leg radiculopathy, L1-2 extruded disc herniation, annular tears L1-S1 and L1-2 and L203 moderate lumbar stenosis. Treatment to date has included oral medications including dilaudid, Colace, Zanaflex, Prilosec, Anaprox, Pristiq and Hydroxyzine and topical Lidoderm5% patch; lumbar laminectomy, physical therapy, steroid injections and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 12/18/13 and again on 11/21/14 revealing a mild progression of degenerative changes. Currently, the injured worker complains of neck pain radiating to the scapular region, bilateral trapezius and numbness and pain radiating down left arm through elbow to forearm rated 5-7/10 with medications and 10/10 without medications; left shoulder pain rated 7/10 with medications and 10/10 without medications and back pain from mid thoracic to low lumbar region with numbness and pain radiating down bilateral buttocks through the anterior and posterior thighs through shins and calves into the feet, rated 4-5/10 with medications and 10/10 without medications. He is temporarily totally disabled. Physical exam noted an antalgic gait, utilizing a 4 point cane for ambulation and palpable tenderness with dense spasm over the low thoracic and upper

lumbar spine. A request for authorization was submitted for Dilaudid 8mg #90 and Fentanyl 50mcg patch #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl dis 50mcg/hr #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74, 77-78, 80, 86, 90-91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when they result in meaningful pain relief, support of function and there is a lack of drug related aberrant behaviors. The Guidelines also support a combination of short acting and long acting opioids for severe pain levels. This individual meets the Guideline criteria to continue utilizing opioid medications for what is described to be a severe post laminectomy syndrome. The level of pain relief, functional support and lack of aberrant behaviors are carefully documented by the prescribing physician. Under these circumstances, the Fentanyl is 50mcg/hr #10 is supported by Guidelines and is medically necessary.