

<b>Case Number:</b>	CM15-0062801		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 71 year old female with an industrial injury date of 12/21/2001. Her diagnoses includes thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, chronic pain syndrome, arthropathy of lumbar facet joint, scoliosis of lumbar spine, sacroilitis, lumbar post laminectomy syndrome and myofascial pain. Prior treatment included spinal cord stimulator, back surgery, exercises and medications. She presents on 03/04/2015 with complaints of severe pain in her low back radiating to her bilateral groin and lower legs. Her pain score without medication is 9/10 and with medication is 7-8/10. The provider notes the injured worker's medications are no longer beneficial in controlling her pain. Her level of activities is slim to none. Her current medications included Oxycodone, Ibuprofen, Wellbutrin, Lorazepam and Fentanyl patch. Physical exam showed severe tenderness across lumbosacral area with positive bilateral straight leg raising. Flexion was 70% restricted and lateral bending was 60% restricted. Neurological exam revealed hypoesthesia on bilateral feet. The provider documents with the medications the injured worker is able to get up and be about and be active. Treatment plan consists of conservative measures, refill of medications, a request for pain pump and transportation once a month. A 5/13/15 document states that the patient has a 9/10 pain score with and without medication. The patient states that the medication is not working, however she recently lost her husband and is not in a good mood. Her medications on this date included Oxycodone 10mg tid prn (denied) and Fentanyl Patch 100mcg q 48 hours.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Oxycodone 10mg #21:** Upheld

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

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

**Decision rationale:** Oxycodone 10mg #21 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant functional improvement or improved pain levels therefore the request for continued Oxycodone is not medically necessary.

### **Fentanyl patches 25mcg #3:** Upheld

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

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

**Decision rationale:** Fentanyl patches 25mcg #3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant functional improvement or improvement in pain levels therefore the request for continued Fentanyl not medically necessary.