

<b>Case Number:</b>	CM15-0092493		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency 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 46 year old male who sustained an industrial injury on 6/8/12 resulting in back pain. In 2011, the injured worker had spinal surgery. He currently complains of continued back pain. His pain level is between 2-10/10. He takes little medication, as they are not effective. Medications are Tramadol which is ineffective; gabapentin with little benefit and Lidoderm patch. The injured worker requests a different pain medication other than Tramadol. Diagnoses include spinal canal stenosis; post-laminectomy syndrome; chronic low back pain. Treatments to date include physical therapy; sacroiliac belt transcutaneous electrical nerve stimulator unit which all offer pain relief. Diagnostics include MRI lumbar spine (1/27/14 and 1/19/15) the 1/19/15 imaging shows L4-5 and L5-S1 left hemilaminectomies with post-operative scarring; residual canal stenosis; bilateral inferior neural foraminal stenosis. In the progress note dated 2/19/15 the treating provider's plan of care includes requests for Fentanyl patch 12 mcg and restart gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl (unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 77 of 127.

**Decision rationale:** The patient sustained an injury in June of 2012. He subsequently has been diagnosed with a spinal injury requiring spinal surgery. Diagnoses include spinal stenosis, post-laminectomy syndrome. The request is for beginning the use of a Fentanyl patch transdermal opioid. The MTUS guidelines state that when initiating opioid therapy, one should start with a short acting opioid. Fentanyl patches are in the category of a long acting opioid and would not be indicated initially.

**Gabapentin (unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 16-18 of 127.

**Decision rationale:** The patient sustained an injury in June of 2012. He subsequently has been diagnosed with a spinal injury requiring spinal surgery. Diagnoses include spinal stenosis, post-laminectomy syndrome. The request is for beginning the use of gabapentin, which is in the category of an anti-epileptic drug. The MTUS guidelines state that there should be a good reduction in pain seen for ongoing use, listed at least 30-50%. There is inadequate documentation of such a positive response to previous use.