

<b>Case Number:</b>	CM14-0112061		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/10/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male who reported an injury on 07/10/2000. The mechanism of injury was not provided. On 02/10/2014, the injured worker presented with increased low back and right leg pain. A prior MRI of the lumbar spine noted an L2-3 disc bulge and L5-S1 right lateral recess stenosis. Current medications included Actiq, Neurontin, and Norco. Upon examination, there was continued low back pain that is worse with increasing right leg pain posteriorly. There was burning to the right side that travels to the right lower extremity. The injured worker walked with an antalgic gait and there was tenderness upon palpation over the paraspinal muscles. The diagnoses were post laminectomy syndrome of the lumbar region, lumbago, thoracic/lumbosacral neuritis/radiculitis, and cervicalgia. The provider recommended an IT pump and fentanyl patch. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IT pump- SCS with ABI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implatable Drug-delivery systems (IDDSs) Page(s): 52.

**Decision rationale:** The request for IT pump-SCS with ABI is not medically necessary. The California MTUS recommends implantable drug delivery systems only as an end stage treatment alternative for selected injured workers for specific conditions. There needs to be a failure of at least 6 months of less invasive methods and a successful temporary trial. This treatment should only be used relatively late in the treatment continuum when there is little hope for effective management of chronic intractable pain from other therapies. For most injured workers, it should be used as part of a program to facilitate restoration of function and return to activity, not just for pain reduction. There is a lack of documentation that the injured worker has failed at least 6 months of less invasive methods and a successful trial of an implantable drug delivery system. The providers rational were not provided. As such, this request is not medically necessary.

**Fentanyl Patch 25mcg # 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 93.

**Decision rationale:** The request for Fentanyl Patch 25 mcg #10 is not medically necessary. The California MTUS states that fentanyl is indicated for management of persistent chronic pain which is moderate to severe and requiring continuous around the clock opioid therapy. Fentanyl should only be used in injured workers who are currently on opioid therapy for which tolerance has developed. There was lack of documentation that the injured worker is unresponsive to other opioid treatments. Additionally, the providers' request does not indicate the frequency of the medication in the request as submitted. The efficacy of the prior use of the medication has not been provided. As such, this request is not medically necessary.