

Case Number:	CM14-0155318		
Date Assigned:	09/25/2014	Date of Injury:	09/10/2011
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported injury on 09/10/2011. Reportedly when the injured worker was working on a drum brake of a diesel truck and one of the drum brakes fell off. The injured worker grabbed the brakes and developed pain in his low back. The injured worker's treatment history included medications, x-ray of the lumbar spine, epidural steroid injections, urine drug screen, and a psychological clearance. The injured worker was evaluated on 09/19/2014, and it was documented that the injured worker complained of lower back pain. The injured worker stated that his pain radiated down to both his legs. The injured worker stated that his right leg was worse. Stated that resting and taking pain medications helped alleviate the pain. The injured worker stated his pain level without taking any pain medication would be 9/10. And with medications his pain level dropped down to 4/10. The injured worker states that with taking these pain medications he is able to walk for longer periods of time, helps him do the laundry, picks up around the house, but still was limited. Objective complaints revealed 5/5 strength bilateral lower extremities, multiple previous laminectomy scars in place, moderate pain with lumbar extension, positive straight leg raise bilaterally at 30 to 45 degrees in L1 and L5 distribution, moderate palpable spasms bilateral lumbar paraspinal muscles with positive twitch response, mild/moderate pain with the lumbar flexion, slow waddling gait and walked with a cane. Medications included Ambien 10 mg, fentanyl patches 50 mcg, Lyrica 100 mg, and oxycodone/APAP 10/325 mg, and Senokot 8.6/50 mg. In the documentation, the provider noted the injured worker had a post laminectomy pain syndrome and has tried and failed conservative therapy including NSAIDs, rest, physical therapy, opiates along with epidural injections and 3 previous lumbar surgeries and continues to have suboptimal pain relief. Diagnoses included post laminectomy pain syndrome, lumbar spinal stenosis, and lumbar radiculopathy. The Request for

Authorization dated 09/20/2014 was for fentanyl patch 50 mcg, oxycodone/acetaminophen 10/325 mg, and a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44 47.

Decision rationale: The requested Fentanyl patch 50 mcg #10 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of pain medication management and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should be applied on the injured worker. The request failed to indicate duration and frequency of medication. The medical records submitted for review identified ongoing complaints of chronic pain that have been unresponsive to most all treatment interventions, with chronic use of opiates and a request for continued support of fentanyl patches in combination with Oxycodone/Acetaminophen. As such, the request for fentanyl patch 50 mcg #10 is not medically necessary.

Oxycodone/Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested Oxycodone/Acetaminophen 10/325mg #90 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating

opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. The medical records submitted for review identified ongoing complaints of chronic pain that have been unresponsive to most all treatment interventions, with chronic use of opiates and a request for continued support of fentanyl patches in combination with Oxycodone/Acetaminophen. As such, the request for Oxycodone/Acetaminophen 10/325mg #90 is not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Page 222

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

Decision rationale: The requested Spinal cord stimulator trial is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents, There should be a psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. Spinal cord stimulator implications recommended as an option for highly select patients who understand that this intervention has no demonstrated long term

benefit and it is for short to intermediate durations during which there is unequivocal commitment and adherence to a functional restoration program. Logical evaluation that was submitted seems to suggest that the primary goal for a spinal cord stimulation is for relief of chronic pain. These guidelines do not emphasize functional restoration, which is a key to such treatment. The guidelines suggest that pain relief by itself is not a realistic goal for spinal cord stimulation. Therefore, the request for spinal cord stimulator trial is not medically necessary.