

<b>Case Number:</b>	CM14-0126017		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old female, who sustained an industrial injury on 9-16-09. The injured worker has complaints of low back and extremity pain. Palpable tenderness over the low back bilaterally with overlying spasm. Straight leg raising causing pain in the low back, more so than down the lower extremity. Magnetic resonance imaging (MRI) on 11-20-09 showed a L5-S1 (sacroiliac) disc displacement compressing the S1 (sacroiliac) nerve root. Magnetic resonance imaging (MRI) of the lumbar spine on 7-19-13 showed a recurrent disc protrusion at L5-S1 (sacroiliac) contacting the S1 (sacroiliac) nerve root. The diagnoses have included low back pain; lumbar facet syndrome; lumbar discogenic pain; lumbosacral radiculopathy; hip pain and chronic pain. Treatment to date has included fusion surgery at L5-S1 (sacroiliac) in May 2011; radiofrequency ablation; temporary relief with lumbar facetal blocks; Abilify; Depakote for nerve pain; alprazolam; fentanyl patch; Effexor; norco; Relafen; Protonix; trazodone; tramadol cream as needed for pain; cyclogaba cream for spasm and hypersensitivity and orphenadrine. The original utilization review (7-30-14) non-certified the request for fentanyl 100mg patch #10; Celexa 20mg #30 and norco 10-325mg #180. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 100mg patch, #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** Fentanyl and Norco were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED prescribed was 2.5 times that recommended and the claimant had pain rated at 10/10 despite taking these medications. There are no unique features of this case that would support dosing at this level and weaning of the currently prescribed medications was not being planned. Prescribing Fentanyl at this dose was not medically necessary.

**Celexa 20mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) such as Celexa, because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. However, in this case, the claimant was already taking this medication and had ongoing findings of depression. Continued prescribing at this dose was not medically necessary.

**Norco 10/325mg, #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** Fentanyl and Norco were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED prescribed was 2.5 times that recommended and the claimant had pain rated at 10/10 despite taking these medications. There are no unique features of this case that would support dosing at this level and weaning of the currently prescribed medications was not being planned. Prescribing Norco at this dose was not medically necessary.

