

<b>Case Number:</b>	CM14-0051452		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/18/1997
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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. 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 68 year old female who sustained an industrial injury on 07-18-1997. The injured worker was diagnosed with post- lumbar laminectomy syndrome, right lower extremity radiculitis, bilateral knee myoligamentous sprain and strain, cervical myoligamentous sprain and strain and right sacroiliitis. The injured worker is status post L4-5 and L5-S1 posterior lumbar interbody fusion with L3-4 laminectomy in April 2005. Past treatments that were documented consist of diagnostic testing, surgery, lumbar epidural steroid injections, physical therapy, trigger point injections, home exercise program, diet modification and medications. The requested treatment for IMR was initially reviewed by the Utilization Review on 04-09- 2014. According to the treating physician's report dated March 11, 2014, the injured worker continues to experience lower back pain with radiation to the lower extremities, right side greater than left side, rated at 9 out of 10 on the pain scale. Observation by the provider noted an antalgic gait favoring the right lower extremity. Examination of the posterior lumbar spine demonstrated tenderness to palpation bilaterally with increased muscle rigidity and numerous trigger points throughout the lumbar paraspinal muscles. Range of motion was documented as flexion at 45 degrees, extension at 25 degrees and bilateral lateral bending at 25 degrees each. A positive Fabere's test was noted on the right. Achilles' deep tendon reflex was diminished at 1 out of 4 bilaterally. Patellar reflex was 2 out of 4 bilaterally. Lower extremity motor strength testing was diminished at 5 minus out of 5 at ankle flexion, ankle extension and great toe extension bilaterally. Sensory was decreased along the posterior lateral thigh and posterior lateral calf bilaterally approximately at the L5-S1 distribution. Straight leg raise in the modified sitting

position was positive at 60 degrees bilaterally causing radicular symptoms. Examination of the knees demonstrated tenderness, mild swelling and crepitus bilaterally. Four lumbar trigger point injections were administered at the office visit. Current medications were noted as Norco 10mg-325mg, Ambien, and Duragesic 25mcg and 12mcg each. The injured worker has declined a trial spinal cord stimulator at this time. The treatment plan consists of a right sacroiliac injection, possible future spinal cord stimulator trial, follow-up in one month and the current request for Duragesic 25mcg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duragesic 25mcg every 48 hours: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the pharmacological basis of therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com), ODG workers compensation drug formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm), [drugs.com](http://drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1997 with surgery including a lumbar fusion at L4-5 and L5-S1. When seen, pain was rated at 9/10. There was a goal of trying to discontinue use of Duragesic but the claimant was having a difficult time with a decreased dose due to increased low back pain. She was in mild distress. She had difficulty transitioning positions and had an antalgic gait. Physical examination findings included lumbar paraspinal muscle tenderness with increased muscle tone and numerous trigger points. There was decreased and guarded range of motion. Fabere testing was positive on the right side. There was decreased lower extremity strength and sensation. Straight leg raising was positive bilaterally. There was bilateral knee tenderness with swelling and mild crepitus. Duragesic and Norco were being prescribed at a total MED (morphine equivalent dose) nearly 150 mg per day. Duragesic (fentanyl) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day and, despite a total MED in excess of that recommended, there is no documentation that this medication is providing decreased pain, an increased level of function, or an improved quality of life. Weaning of the currently prescribed medications was not being actively done. Continued prescribing was not medically necessary.