

Case Number:	CM13-0050741		
Date Assigned:	12/27/2013	Date of Injury:	05/17/1994
Decision Date:	03/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 74-year-old male who reported an injury on 05/19/1994. The most recent Primary Treating Physician's Progress Report was submitted by [REDACTED] on 07/10/2013. The patient was status post amputation. The patient reported persistent pain in the left lower extremity. Physical examination revealed pain with traumatic arthritis, neuropathic pain, and tissue breakdown post amputation. The patient was diagnosed with traumatic arthritis, neuropathic pain, and edema. Treatment recommendations included an H-wave stimulation unit and an injection of lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 0.75mcg #15 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

Decision rationale: California MTUS Guidelines state Duragesic transdermal system is not recommended as a first line therapy. As per the documentation submitted, the total duration of use of this medication is currently unknown. There is no documentation of a satisfactory

response to treatment. There is also no evidence of a failure to respond to first line therapy prior to the initiation of a second line transdermal medication. Based on the clinical information received and the California MTUS Guidelines, the medical necessity for the request medication has not been established. Therefore, the request is non-certified.