MAXIMUS Federal Services

Case Number:	CM13-0052656		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2003
Decision Date:	05/09/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic low back pain, neck pain, and depression reportedly associated with an industrial injury of March 26, 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 8MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant has apparently returned to work as a teacher. She is staying functional. She is apparently participating in home exercises, teaching, cooking, attending a gym, caring for a neighbor, etc., all of which she attributes to ongoing opioid usage. Continuing Dilaudid, then, is indicated and appropriate. Accordingly, the request is certified.

STEROID METERED-DOSE INHALER FOR USE WITH DURAGESIC PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing management of applicants using opioids includes assessment of adverse side effects. In this case, the applicant is apparently having side effects with fentanyl/Duragesic. The applicant is apparently developing some adverse skin reaction as a result of ongoing Duragesic usage. Page 93 of the MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic patches should be applied to intact skin only. In this case, the applicant's skin is not intact. The applicant is developing rashes with Duragesic usage. It is further noted that page 44 of the MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic patches are not recommended as a first-line therapy. In this case, the applicant is apparently using and tolerating other opioids, including Dilaudid, which has been certified above. Ongoing usage of Duragesic with an associated steroid metered dose inhaler is not indicated, given the applicant's ongoing issues with rash, itching, and other adverse effects. Accordingly, the request is not certified, on Independent Medical Review.